| Fill in this information to identify your case: |                                 |                                 |
|-------------------------------------------------|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| MIDDLE DISTRICT OF TENNESSEE                    | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|                                                 | ☐ Chapter 7                     |                                 |
|                                                 | ☐ Chapter 11                    |                                 |
|                                                 | ☐ Chapter 12                    |                                 |
|                                                 | Chapter 13                      | Check if this an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself                                                                                                                                                                         |                                                                                      |                                                                   |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------|
|     |                                                                                                                                                                                                | About Debtor 1:                                                                      | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | Your full name                                                                                                                                                                                 |                                                                                      |                                                                   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Mollie First name  Ann Middle name  McNeese Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.                                                                                                        | FKA Mollie Ann Yambrick                                                              |                                                                   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)                                                               | xxx-xx-0974                                                                          |                                                                   |

|    |                                                                                                                                                | About Debtor 1:                                                                                                                                     | About Debtor 2 (Spouse Only in a Joint Case):                                                                                              |  |  |
|----|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs                                                                                | ☐ I have not used any business name or EINs.  Business name(s)  EINs                                                                       |  |  |
|    |                                                                                                                                                |                                                                                                                                                     |                                                                                                                                            |  |  |
| 5. | Where you live                                                                                                                                 | 150 Hurt Road<br>Hendersonville, TN 37075                                                                                                           | If Debtor 2 lives at a different address:                                                                                                  |  |  |
|    |                                                                                                                                                | Number, Street, City, State & ZIP Code                                                                                                              | Number, Street, City, State & ZIP Code                                                                                                     |  |  |
|    |                                                                                                                                                | Sumner                                                                                                                                              | County                                                                                                                                     |  |  |
|    |                                                                                                                                                | County                                                                                                                                              | County                                                                                                                                     |  |  |
|    |                                                                                                                                                | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |
|    |                                                                                                                                                | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                    | Number, P.O. Box, Street, City, State & ZIP Code                                                                                           |  |  |
| 6. | Why you are choosing this district to file for                                                                                                 | Check one:                                                                                                                                          | Check one:                                                                                                                                 |  |  |
|    | bankruptcy                                                                                                                                     | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |
|    |                                                                                                                                                | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)                                                                                           | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)                                                                               |  |  |
|    |                                                                                                                                                |                                                                                                                                                     |                                                                                                                                            |  |  |

| Debtor 1 Mollie Ann McNeese                          |                                                                                                                   |                          |                                                                   | Case number (if known)                                 |                                                  |                                                                                                                                                                             |                |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|                                                      |                                                                                                                   |                          |                                                                   |                                                        |                                                  |                                                                                                                                                                             |                |
| Par                                                  | t 2: Tell the Court About                                                                                         | our Bankru               | ptcy Case                                                         |                                                        |                                                  |                                                                                                                                                                             |                |
| 7.                                                   | The chapter of the Bankruptcy Code you are                                                                        |                          |                                                                   | ription of each, see <i>Not</i> top of page 1 and chec |                                                  | S.C. § 342(b) for Individuals Filing for Ba<br>                                                                                                                             | nkruptcy       |
|                                                      | choosing to file under                                                                                            | ☐ Chapter 7 ☐ Chapter 11 |                                                                   |                                                        |                                                  |                                                                                                                                                                             |                |
|                                                      |                                                                                                                   |                          |                                                                   |                                                        |                                                  |                                                                                                                                                                             |                |
|                                                      |                                                                                                                   | ☐ Chapte                 | r 12                                                              |                                                        |                                                  |                                                                                                                                                                             |                |
|                                                      |                                                                                                                   | Chapte                   | r 13                                                              |                                                        |                                                  |                                                                                                                                                                             |                |
| 8.                                                   | How you will pay the fee                                                                                          | abou<br>ordei            | t how you may pa                                                  | ıy. Typically, if you are μ                            | aying the fee yoursel                            | n the clerk's office in your local court for n<br>f, you may pay with cash, cashier's check<br>our attorney may pay with a credit card or                                   | k, or money    |
|                                                      |                                                                                                                   | •                        |                                                                   | in installments. If you                                | choose this option, sig                          | gn and attach the Application for Individu                                                                                                                                  | als to Pav     |
| The Filing Fee in Installments (Official Form 103A). |                                                                                                                   |                          |                                                                   |                                                        | alo to r uy                                      |                                                                                                                                                                             |                |
|                                                      |                                                                                                                   | but is<br>appli          | s not required to, versite to | waive your fee, and may<br>size and you are unable     | do so only if your ind<br>to pay the fee in inst | r if you are filing for Chapter 7. By law, a come is less than 150% of the official povallments). If you choose this option, you rorm 103B) and file it with your petition. | erty line that |
|                                                      |                                                                                                                   |                          |                                                                   | , -                                                    |                                                  | , , ,                                                                                                                                                                       |                |
| 9.                                                   | Have you filed for bankruptcy within the                                                                          | ■ No.                    |                                                                   |                                                        |                                                  |                                                                                                                                                                             |                |
|                                                      | last 8 years?                                                                                                     | ☐ Yes.                   |                                                                   |                                                        |                                                  |                                                                                                                                                                             |                |
|                                                      |                                                                                                                   |                          | District                                                          | V                                                      | /hen                                             | Case number                                                                                                                                                                 |                |
|                                                      |                                                                                                                   |                          | District                                                          | V                                                      | /hen                                             | Case number                                                                                                                                                                 |                |
|                                                      |                                                                                                                   |                          | District                                                          | V                                                      | Vhen                                             | Case number                                                                                                                                                                 |                |
| 10.                                                  | Are any bankruptcy cases pending or being                                                                         | ■ No                     |                                                                   |                                                        |                                                  |                                                                                                                                                                             |                |
|                                                      | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.                   |                                                                   |                                                        |                                                  |                                                                                                                                                                             |                |
|                                                      |                                                                                                                   |                          | Debtor                                                            |                                                        |                                                  | Relationship to you                                                                                                                                                         |                |
|                                                      |                                                                                                                   |                          | District                                                          | V                                                      | /hen                                             | Case number, if known                                                                                                                                                       |                |
|                                                      |                                                                                                                   |                          | Debtor                                                            |                                                        |                                                  | Relationship to you                                                                                                                                                         |                |
|                                                      |                                                                                                                   |                          | District                                                          | V                                                      | /hen                                             | Case number, if known                                                                                                                                                       |                |
| 11.                                                  | Do you rent your residence?                                                                                       | ■ No.                    | Go to line 12.                                                    |                                                        |                                                  |                                                                                                                                                                             |                |
|                                                      | residence:                                                                                                        | ☐ Yes.                   | Has your landlor                                                  | rd obtained an eviction                                | udgment against you                              | and do you want to stay in your residence                                                                                                                                   | e?             |
|                                                      |                                                                                                                   |                          | ☐ No. Go to                                                       | o line 12.                                             |                                                  |                                                                                                                                                                             |                |
|                                                      |                                                                                                                   |                          |                                                                   | out <i>Initial Statement Al</i> tcy petition.          | oout an Eviction Judgi                           | ment Against You (Form 101A) and file it                                                                                                                                    | with this      |
|                                                      |                                                                                                                   |                          |                                                                   |                                                        |                                                  |                                                                                                                                                                             |                |

| Deb | otor 1 Mollie Ann McNee                                                                                                           | ese                                |                                             |                                            | Case number (if known)                                                                                                                                                                                                                                                 |
|-----|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     |                                                                                                                                   |                                    |                                             |                                            |                                                                                                                                                                                                                                                                        |
| Par | Report About Any Bu                                                                                                               | ısinesses                          | You Own                                     | as a Sole Proprie                          | tor                                                                                                                                                                                                                                                                    |
| 12. | Are you a sole proprietor of any full- or part-time business?                                                                     | ■ No.                              | Go to                                       | Part 4.                                    |                                                                                                                                                                                                                                                                        |
|     |                                                                                                                                   | ☐ Yes.                             | Name                                        | and location of bus                        | siness                                                                                                                                                                                                                                                                 |
|     | A sole proprietorship is a                                                                                                        |                                    |                                             |                                            |                                                                                                                                                                                                                                                                        |
|     | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                                    |                                             | of business, if any                        |                                                                                                                                                                                                                                                                        |
|     | If you have more than one sole proprietorship, use a separate sheet and attach                                                    |                                    | Numb                                        | er, Street, City, Stat                     | te & ZIP Code                                                                                                                                                                                                                                                          |
|     | it to this petition.                                                                                                              |                                    | Check                                       | the appropriate bo                         | ox to describe your business:                                                                                                                                                                                                                                          |
|     | ·                                                                                                                                 |                                    |                                             | Health Care Busir                          | ness (as defined in 11 U.S.C. § 101(27A))                                                                                                                                                                                                                              |
|     |                                                                                                                                   |                                    |                                             | Single Asset Real                          | Estate (as defined in 11 U.S.C. § 101(51B))                                                                                                                                                                                                                            |
|     |                                                                                                                                   |                                    |                                             | Stockbroker (as d                          | lefined in 11 U.S.C. § 101(53A))                                                                                                                                                                                                                                       |
|     |                                                                                                                                   |                                    |                                             | Commodity Broke                            | er (as defined in 11 U.S.C. § 101(6))                                                                                                                                                                                                                                  |
|     |                                                                                                                                   |                                    |                                             | None of the above                          | e                                                                                                                                                                                                                                                                      |
|     | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?                           | deadline<br>operation<br>in 11 U.S | es. If you in<br>ns, cash-flo<br>S.C. 1116( | dicate that you are<br>ow statement, and f | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of rederal income tax return or if any of these documents do not exist, follow the procedure |
|     | For a definition of small                                                                                                         | No.                                | Talliti                                     | or ming under onap                         | nei II.                                                                                                                                                                                                                                                                |
|     | business debtor, see 11 U.S.C. § 101(51D).                                                                                        | □ No.                              | I am fi<br>Code.                            | ling under Chapter                         | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy                                                                                                                                                                                 |
|     |                                                                                                                                   | ☐ Yes.                             | I am fi                                     | ling under Chapter                         | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.                                                                                                                                                                                |
| Par | t 4: Report if You Own or                                                                                                         | Have An                            | y Hazardo                                   | us Property or An                          | y Property That Needs Immediate Attention                                                                                                                                                                                                                              |
| 14. | Do you own or have any property that poses or is                                                                                  | ■ No.                              |                                             |                                            |                                                                                                                                                                                                                                                                        |
|     | alleged to pose a threat of imminent and identifiable hazard to                                                                   | ☐ Yes.                             | What is t                                   | he hazard?                                 |                                                                                                                                                                                                                                                                        |
|     | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?                                      |                                    |                                             | iate attention is<br>why is it needed?     |                                                                                                                                                                                                                                                                        |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                 |                                    | Where is                                    | the property?                              |                                                                                                                                                                                                                                                                        |
|     | 3 · · · · · · · · · · · ·                                                                                                         |                                    |                                             |                                            | Number, Street, City, State & Zip Code                                                                                                                                                                                                                                 |
|     |                                                                                                                                   |                                    |                                             |                                            |                                                                                                                                                                                                                                                                        |
|     |                                                                                                                                   |                                    |                                             |                                            |                                                                                                                                                                                                                                                                        |

Debtor 1 Mollie Ann McNeese

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Mollie Ann McNee                                        | se                    |                                                                                                                                                                                          | Case number                                                                            | f (if known)                                                                            |  |  |  |
|-----|----------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--|--|--|
| Par | t 6: Answer These Questi                                       | ons for Re            | eporting Purposes                                                                                                                                                                        |                                                                                        |                                                                                         |  |  |  |
| 16. | What kind of debts do you have?                                | 16a.                  | Are your debts primarily con individual primarily for a persor                                                                                                                           | sumer debts? Consumer debts are definal, family, or household purpose."                | ned in 11 U.S.C. § 101(8) as "incurred by an                                            |  |  |  |
|     |                                                                |                       | □ No. Go to line 16b.                                                                                                                                                                    |                                                                                        |                                                                                         |  |  |  |
|     |                                                                |                       | Yes. Go to line 17.                                                                                                                                                                      |                                                                                        |                                                                                         |  |  |  |
|     |                                                                | 16b.                  | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |                                                                                        |                                                                                         |  |  |  |
|     |                                                                |                       | ☐ No. Go to line 16c.                                                                                                                                                                    |                                                                                        |                                                                                         |  |  |  |
|     |                                                                |                       | ☐ Yes. Go to line 17.                                                                                                                                                                    |                                                                                        |                                                                                         |  |  |  |
|     |                                                                | 16c.                  | State the type of debts you owe                                                                                                                                                          | e that are not consumer debts or busines                                               | s debts                                                                                 |  |  |  |
| 17. | Are you filing under Chapter 7?                                | ■ No.                 | I am not filing under Chapter 7.                                                                                                                                                         | . Go to line 18.                                                                       |                                                                                         |  |  |  |
|     | Do you estimate that after any exempt property is excluded and | ☐ Yes.                | I am filing under Chapter 7. Do are paid that funds will be avail                                                                                                                        | you estimate that after any exempt prop<br>lable to distribute to unsecured creditors? | erty is excluded and administrative expenses                                            |  |  |  |
|     | administrative expenses                                        |                       | □ No                                                                                                                                                                                     |                                                                                        |                                                                                         |  |  |  |
|     | are paid that funds will be available for                      |                       | □Yes                                                                                                                                                                                     |                                                                                        |                                                                                         |  |  |  |
|     | distribution to unsecured creditors?                           |                       |                                                                                                                                                                                          |                                                                                        |                                                                                         |  |  |  |
| 18. | How many Creditors do                                          | <b>1</b> -49          |                                                                                                                                                                                          | □ 1,000-5,000                                                                          | □ 25,001-50,000                                                                         |  |  |  |
|     | you estimate that you owe?                                     | ☐ 50-99               |                                                                                                                                                                                          | ☐ 5001-10,000                                                                          | ☐ 50,001-100,000                                                                        |  |  |  |
|     |                                                                | □ 100-19              |                                                                                                                                                                                          | □ 10,001-25,000                                                                        | ☐ More than100,000                                                                      |  |  |  |
|     |                                                                | 200-99                | <del>)</del> 9                                                                                                                                                                           |                                                                                        |                                                                                         |  |  |  |
| 19. | How much do you                                                | □ \$0 - \$5           | 50,000                                                                                                                                                                                   | □ \$1,000,001 - \$10 million                                                           | □ \$500,000,001 - \$1 billion                                                           |  |  |  |
|     | estimate your assets to be worth?                              |                       | 01 - \$100,000                                                                                                                                                                           | □ \$10,000,001 - \$50 million                                                          | □ \$1,000,000,001 - \$10 billion                                                        |  |  |  |
|     |                                                                |                       | 001 - \$500,000                                                                                                                                                                          | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                      | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                              |  |  |  |
|     |                                                                | □ \$500,0             | 001 - \$1 million                                                                                                                                                                        | ☐ \$100,000,001 - \$300 million                                                        | ☐ More than \$50 billion                                                                |  |  |  |
| 20. | How much do you estimate your liabilities                      | □ \$0 - \$5           |                                                                                                                                                                                          | ☐ \$1,000,001 - \$10 million                                                           | ☐ \$500,000,001 - \$1 billion                                                           |  |  |  |
|     | to be?                                                         |                       | 01 - \$100,000                                                                                                                                                                           | □ \$10,000,001 - \$50 million                                                          | □ \$1,000,000,001 - \$10 billion                                                        |  |  |  |
|     |                                                                | _                     | 001 - \$500,000                                                                                                                                                                          | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                      | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                              |  |  |  |
|     |                                                                | <b>□</b> \$500,0      | 001 - \$1 million                                                                                                                                                                        | <b>Δ</b> ψ100,000,001 - ψ300 million                                                   | Li Word than 400 billion                                                                |  |  |  |
| Par | t 7: Sign Below                                                |                       |                                                                                                                                                                                          |                                                                                        |                                                                                         |  |  |  |
| For | you                                                            | I have exa            | amined this petition, and I decla                                                                                                                                                        | are under penalty of perjury that the inform                                           | nation provided is true and correct.                                                    |  |  |  |
|     |                                                                |                       |                                                                                                                                                                                          | am aware that I may proceed, if eligible, ief available under each chapter, and I ch   | under Chapter 7, 11,12, or 13 of title 11, noose to proceed under Chapter 7.            |  |  |  |
|     |                                                                |                       |                                                                                                                                                                                          | t pay or agree to pay someone who is no notice required by 11 U.S.C. § 342(b).         | t an attorney to help me fill out this                                                  |  |  |  |
|     |                                                                | I request             | relief in accordance with the cha                                                                                                                                                        | apter of title 11, United States Code, spe-                                            | cified in this petition.                                                                |  |  |  |
|     |                                                                | bankrupto<br>and 3571 | cy case can result in fines up to                                                                                                                                                        | oncealing property, or obtaining money of \$250,000, or imprisonment for up to 20 y    | or property by fraud in connection with a rears, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |  |  |
|     |                                                                | Mollie A              | e Ann McNeese<br>Inn McNeese<br>e of Debtor 1                                                                                                                                            | Signature of Debto                                                                     | r 2                                                                                     |  |  |  |
|     |                                                                | Executed              | on <b>January 18, 2017</b>                                                                                                                                                               | Executed on                                                                            |                                                                                         |  |  |  |
|     |                                                                |                       | MM / DD / YYYY                                                                                                                                                                           | MM                                                                                     | / DD / YYYY                                                                             |  |  |  |
|     |                                                                |                       |                                                                                                                                                                                          |                                                                                        |                                                                                         |  |  |  |

| ebtor 1 | Mollie Ann McNeese | Case number (if known) |  |
|---------|--------------------|------------------------|--|
|         |                    |                        |  |

For your attorney, if you are represented by one

D

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Eric Fo     | x                              | Date          | January 18, 2017      |
|-----------------|--------------------------------|---------------|-----------------------|
| Signature of    | f Attorney for Debtor          |               | MM / DD / YYYY        |
| Eric Fox        |                                |               |                       |
| Law Office      | e of Eric K. Fox               |               |                       |
| Firm name       | Path Court, Whitehall Building |               |                       |
| Suite 6         | Tail Court, William Ballaning  |               |                       |
| Henderso        | nville, TN 37075               |               |                       |
| Number, Street, | , City, State & ZIP Code       |               |                       |
| Contact phone   | 615-264-5695                   | Email address | eric@ericfoxlegal.com |
| 022087          |                                |               |                       |
| Bar number & S  | State                          |               |                       |

| Fill   | in this inform               | ation to identify your                          | case:                                                    |                                                                                                                                     |           |                                     |
|--------|------------------------------|-------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
|        | otor 1                       | Mollie Ann McNe                                 |                                                          |                                                                                                                                     |           |                                     |
|        |                              | First Name                                      | Middle Name                                              | Last Name                                                                                                                           |           |                                     |
|        | otor 2<br>use if, filing)    | First Name                                      | Middle Name                                              | Last Name                                                                                                                           |           |                                     |
| Unit   | ted States Ban               | kruptcy Court for the:                          | MIDDLE DISTRICT OF                                       | TENNESSEE                                                                                                                           |           |                                     |
| Cas    | se number                    |                                                 |                                                          | -                                                                                                                                   |           |                                     |
| (if kn | own)                         |                                                 |                                                          |                                                                                                                                     | _         | neck if this is an<br>nended filing |
|        |                              |                                                 |                                                          |                                                                                                                                     |           |                                     |
| Of     | ficial For                   | m 106Sum                                        |                                                          |                                                                                                                                     |           |                                     |
|        |                              |                                                 |                                                          | d Certain Statistical Information                                                                                                   |           | 12/15                               |
| info   | rmation. Fill o              | ut all of your schedul                          | es first; then complete th                               | are filing together, both are equally responsible information on this form. If you are filing amen the box at the top of this page. |           |                                     |
|        |                              |                                                 |                                                          |                                                                                                                                     |           | ır assets<br>ue of what you own     |
| 1.     | Schedule A/                  | B: Property (Official Fo                        | orm 106A/B)                                              |                                                                                                                                     | \$        | 143,400.00                          |
|        |                              |                                                 |                                                          |                                                                                                                                     | · -       | 3,920.00                            |
|        |                              |                                                 | •                                                        |                                                                                                                                     | \$        | 147,320.00                          |
| Do     |                              |                                                 | , en conocato , ve                                       |                                                                                                                                     | Ψ_        | 147,020.00                          |
| Par    | t 2: Summa                   | rize Your Liabilities                           |                                                          |                                                                                                                                     | You       | ır liabilities                      |
|        |                              |                                                 |                                                          |                                                                                                                                     | Amo       | ount you owe                        |
| 2.     |                              |                                                 | laims Secured by Property<br>nn A, Amount of claim, at   | (Official Form 106D) the bottom of the last page of Part 1 of Schedule D                                                            | . \$_     | 23,674.00                           |
| 3.     | Schedule E/F<br>3a. Copy the | F: Creditors Who Have total claims from Part    | Unsecured Claims (Officia<br>1 (priority unsecured claim | l Form 106E/F)<br>s) from line 6e of <i>Schedule E/F</i>                                                                            | \$_       | 0.00                                |
|        | 3b. Copy the                 | total claims from Part                          | 2 (nonpriority unsecured c                               | laims) from line 6j of Schedule E/F                                                                                                 | \$_       | 49,318.00                           |
|        |                              |                                                 |                                                          | Your total liabilitie                                                                                                               | s \$      | 72,992.00                           |
| Par    | t 3: Summa                   | rize Your Income and                            | Expenses                                                 |                                                                                                                                     |           |                                     |
| 4.     |                              | our Income (Official Fo                         |                                                          | <i>I</i>                                                                                                                            | \$_       | 3,616.6                             |
| 5.     |                              | Your Expenses (Official onthly expenses from li |                                                          |                                                                                                                                     | \$_       | 2,094.00                            |
| Par    | t 4: Answer                  | These Questions for                             | Administrative and Stati                                 | stical Records                                                                                                                      |           |                                     |
| 6.     | -                            | •                                               | er Chapters 7, 11, or 13? on this part of the form. C    | heck this box and submit this form to the court with y                                                                              | our other | schedules.                          |
| 7.     | ■ Yes What kind of           | f debt do you have?                             |                                                          |                                                                                                                                     |           |                                     |
|        | ■ Your de                    | ebts are primarily con                          | sumer debts. Consumer o                                  | debts are those "incurred by an individual primarily fo                                                                             | r a perso | nal, family, or                     |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 8. 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

4,592.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Bort A on Onto dada E/E according to Handra                                                                             | Total claim |      |
|------------------------------------------------------------------------------------------------------------------------------|-------------|------|
| From Part 4 on Schedule E/F, copy the following:                                                                             |             |      |
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$          | 0.00 |

|                                             |                                                                | your case and th      | 9.                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                         |                                                                                                                        |
|---------------------------------------------|----------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Debtor 1                                    | Mollie Ann M                                                   |                       | e Name Last Name                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                         |                                                                                                                        |
| Debtor 2                                    |                                                                |                       |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |                                                                                                                        |
| (Spouse, if filing)                         | First Name                                                     | Middle                | e Name Last Name                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                         |                                                                                                                        |
| United States                               | s Bankruptcy Court for                                         | the: MIDDLE DI        | ISTRICT OF TENNESSEE                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                         |                                                                                                                        |
| Case number                                 | r                                                              |                       |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         | ☐ Check if this is an amended filing                                                                                   |
| Official I                                  | Form 106A/B                                                    |                       |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |                                                                                                                        |
| _                                           | ule A/B: Pr                                                    | •                     |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         | 12/15                                                                                                                  |
|                                             |                                                                |                       | an asset only once. If an asset fits in more than on                                                                                                                                                                                                                                                                                                                             | e category, list the asset in                                                                                                                                                           |                                                                                                                        |
| Answer every o                              | question.                                                      | ·                     | heet to this form. On the top of any additional page:                                                                                                                                                                                                                                                                                                                            | , mio jour name and oue                                                                                                                                                                 | o nambor (ir knom).                                                                                                    |
| I. Do you own                               | or have any legal or equ                                       | uitable interest in a | ny residence, building, land, or similar property?                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                         |                                                                                                                        |
| ☐ No. Go to                                 | Part 2.                                                        |                       |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |                                                                                                                        |
| - N/4                                       | ere is the property?                                           |                       |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |                                                                                                                        |
| ■ Yes. Whe                                  | ere is the property:                                           |                       |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |                                                                                                                        |
| ■ Yes. Who                                  | ere is the property:                                           |                       |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |                                                                                                                        |
|                                             | ere is the property:                                           |                       |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                         |                                                                                                                        |
| 1.1                                         | , , ,                                                          |                       | What is the property? Check all that apply                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                         |                                                                                                                        |
| 1.1<br><b>150 Hu</b>                        | urt Road                                                       | cription              | Single-family home                                                                                                                                                                                                                                                                                                                                                               | Do not deduct secured cl<br>the amount of any secure                                                                                                                                    | d claims on Schedule D:                                                                                                |
| 1.1<br><b>150 Hu</b>                        | ırt Road                                                       | eription              | Single-family home  Duplex or multi-unit building  Condominium or cooperative                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                         | d claims on Schedule D:                                                                                                |
| 1.1<br><b>150 Hu</b>                        | ırt Road                                                       | cription              | Single-family home  Duplex or multi-unit building  Condominium or cooperative                                                                                                                                                                                                                                                                                                    | the amount of any secure                                                                                                                                                                | d claims on Schedule D:                                                                                                |
| 1.1  150 Hu Street addi                     | ırt Road                                                       | eription              | Single-family home  Duplex or multi-unit building  Condominium or cooperative                                                                                                                                                                                                                                                                                                    | the amount of any secure                                                                                                                                                                | d claims on Schedule D:                                                                                                |
| 1.1  150 Hu Street addi                     | Irt Road<br>ress, if available, or other desc                  |                       | <ul> <li>Single-family home</li> <li>□ Duplex or multi-unit building</li> <li>□ Condominium or cooperative</li> <li>□ Manufactured or mobile home</li> </ul>                                                                                                                                                                                                                     | the amount of any secure Creditors Who Have Clair  Current value of the                                                                                                                 | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?                                 |
| 1.1  150 Hu Street addi                     | urt Road<br>lress, if available, or other desc<br>rsonville TN | 37075-0000            | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare                                                                                                                                                                                                                                      | Current value of the entire property?  \$143,400.00  Describe the nature of y                                                                                                           | cour ownership interest                                                                                                |
| 1.1  150 Hu Street addi                     | urt Road<br>lress, if available, or other desc<br>rsonville TN | 37075-0000            | Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land Investment property                                                                                                                                                                                                                                             | Current value of the entire property?  \$143,400.00  Describe the nature of y                                                                                                           | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$143,400.00                   |
| 1.1  150 Hu Street addi                     | urt Road<br>lress, if available, or other desc<br>rsonville TN | 37075-0000            | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other                                                                                                                                                                                                                                | Current value of the entire property?  \$143,400.00  Describe the nature of y (such as fee simple, ten                                                                                  | cour ownership interest                                                                                                |
| 1.1  150 Hu Street addi  Hender City  Sumne | urt Road ress, if available, or other desc rsonville TN State  | 37075-0000            | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only                                                                                                                                                    | the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$143,400.00  Describe the nature of y (such as fee simple, ten a life estate), if known.     | cour ownership interest                                                                                                |
| 1.1  150 Hu Street addi                     | urt Road ress, if available, or other desc rsonville TN State  | 37075-0000            | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only                                                                                                                         | current value of the entire property? \$143,400.00  Describe the nature of y (such as fee simple, ten a life estate), if known.  Joint tenant                                           | current value of the portion you own?  \$143,400.00  cour ownership interest ancy by the entireties, or                |
| 1.1  150 Hu Street addi  Hender City  Sumne | urt Road ress, if available, or other desc rsonville TN State  | 37075-0000            | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only                                                                                                                                                    | current value of the entire property?  \$143,400.00  Describe the nature of y (such as fee simple, ten a life estate), if known.  Joint tenant  Check if this is con (see instructions) | current value of the portion you own?  \$\frac{143,400.00}{4000}\$  Town ownership interest ancy by the entireties, or |
| 1.1  150 Hu Street addi  Hender City  Sumne | urt Road ress, if available, or other desc rsonville TN State  | 37075-0000            | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other  Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite                                | current value of the entire property?  \$143,400.00  Describe the nature of y (such as fee simple, ten a life estate), if known.  Joint tenant  Check if this is con (see instructions) | current value of the portion you own?  \$143,400.00  cour ownership interest ancy by the entireties, or                |
| 1.1  150 Hu Street addi  Hender City  Sumne | urt Road ress, if available, or other desc rsonville TN State  | 37075-0000            | Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number: | current value of the entire property?  \$143,400.00  Describe the nature of y (such as fee simple, ten a life estate), if known.  Joint tenant  Check if this is con (see instructions) | current value of the portion you own?  \$143,400.00  cour ownership interest ancy by the entireties, or                |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Debto   | or 1 Mollie Ann McNees                                                               | e                                                                                               | Case number (if known)           |                                                                                   |
|---------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------|
| Ca      | rs. vans. trucks. tractors. spo                                                      | ort utility vehicles, motorcycles                                                               |                                  |                                                                                   |
|         |                                                                                      | ore dimity volucios, motoreyelos                                                                |                                  |                                                                                   |
|         | No                                                                                   |                                                                                                 |                                  |                                                                                   |
| •       | Yes                                                                                  |                                                                                                 |                                  |                                                                                   |
|         |                                                                                      |                                                                                                 |                                  |                                                                                   |
| 3.1     | Make: Honda                                                                          | Who has an interest in the property? Check one                                                  |                                  | claims or exemptions. Put                                                         |
|         | Model: Odyssey                                                                       | Debtor 1 only                                                                                   | the amount of any secu           | red claims on Schedule D: aims Secured by Property.                               |
|         | Year: <b>2002</b>                                                                    | Debtor 2 only                                                                                   | Current value of the             | Current value of the                                                              |
|         | Approximate mileage: 240                                                             | Ok miles Debtor 1 and Debtor 2 only                                                             | entire property?                 | portion you own?                                                                  |
|         | Other information:                                                                   | At least one of the debtors and another                                                         |                                  |                                                                                   |
|         |                                                                                      | _                                                                                               | ¢0.075.00                        | ¢0.075.00                                                                         |
|         |                                                                                      | Check if this is community property (see instructions)                                          | \$2,275.00                       | \$2,275.00                                                                        |
|         | Make· Nissan                                                                         |                                                                                                 | Do not deduct secured            | claims or exemptions. Put                                                         |
| 3.2     | A Itimo o                                                                            | Who has an interest in the property? Check one                                                  | the amount of any secu           | red claims on Schedule D:                                                         |
|         | Model: Altima                                                                        | Debtor 1 only                                                                                   | Creditors Who Have Cl            | aims Secured by Property.                                                         |
|         | Year: 2015                                                                           | Debtor 2 only                                                                                   | Current value of the             | Current value of the                                                              |
|         | Approximate mileage:  Other information:                                             | Debtor 1 and Debtor 2 only                                                                      | entire property?                 | portion you own?                                                                  |
|         | Other information.                                                                   | At least one of the debtors and another                                                         |                                  |                                                                                   |
|         |                                                                                      | Check if this is community property (see instructions)                                          | \$0.00                           | \$0.00                                                                            |
|         |                                                                                      | tion you own for all of your entries from Part 2, includi<br>art 2. Write that number here      |                                  | \$2,275.00                                                                        |
| Part 3  | : Describe Your Personal and                                                         | Household Items                                                                                 |                                  |                                                                                   |
|         | , ,                                                                                  | equitable interest in any of the following items?                                               |                                  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| $E_{x}$ | usehold goods and furnishin<br>amples: Major appliances, furn<br>No<br>Yes. Describe | ngs<br>niture, linens, china, kitchenware                                                       |                                  |                                                                                   |
|         |                                                                                      | and chest (15), living room tables (5), chest (10),<br>er and dryer (100);                      | , lamps (50),                    | \$180.00                                                                          |
|         |                                                                                      |                                                                                                 |                                  | **                                                                                |
|         | kitche                                                                               | en and cooking wares (50), utensils and place se                                                | ettings (30);                    | \$80.00                                                                           |
| Ex      |                                                                                      | s; audio, video, stereo, and digital equipment; computers, p<br>, cameras, media players, games | printers, scanners; music collec | tions; electronic devices                                                         |
|         | 4 Tvs                                                                                | (125):                                                                                          |                                  | \$125.00                                                                          |

Official Form 106A/B

Schedule A/B: Property

page 2

Best Case Bankruptcy

| De  | ebtor 1            | Mollie Ann I                                            | McNeese Case number                                                                                                      | er (if known)                                                                     |
|-----|--------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 8.  |                    |                                                         | I figurines; paintings, prints, or other artwork; books, pictures, or other art objects; sons, memorabilia, collectibles | stamp, coin, or baseball card collections;                                        |
|     | □ No               |                                                         |                                                                                                                          |                                                                                   |
|     | Yes.               | Describe                                                |                                                                                                                          |                                                                                   |
|     |                    |                                                         | books and decor (200);                                                                                                   | \$200.00                                                                          |
|     |                    |                                                         | ·                                                                                                                        |                                                                                   |
| 9.  |                    | ent for sports a<br>les: Sports, photo<br>musical instr | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, sk                                     | is; canoes and kayaks; carpentry tools;                                           |
|     | ☐ Yes.             | Describe                                                |                                                                                                                          |                                                                                   |
| 10. | Firearn Examp      |                                                         | s, shotguns, ammunition, and related equipment                                                                           |                                                                                   |
|     | Yes.               | Describe                                                |                                                                                                                          |                                                                                   |
|     |                    |                                                         | pistols and rifle (200);                                                                                                 | \$200.00                                                                          |
|     |                    |                                                         | pistois and fine (200),                                                                                                  | Ψ200.00                                                                           |
| 11. | □ No               |                                                         | othes, furs, leather coats, designer wear, shoes, accessories                                                            |                                                                                   |
|     |                    |                                                         | clothing (100);                                                                                                          | \$100.00                                                                          |
|     |                    |                                                         | Clothing (100),                                                                                                          | <u>Ψ100.00</u>                                                                    |
|     | ■ No □ Yes. Non-fa |                                                         | ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watch                                        | es, gems, gold, silver                                                            |
|     | □ No               | olos. Dogs, cats,                                       | bilds, fiorses                                                                                                           |                                                                                   |
|     | Yes.               | Describe                                                |                                                                                                                          |                                                                                   |
|     |                    |                                                         | 5 cats (25);                                                                                                             | \$25.00                                                                           |
|     |                    |                                                         |                                                                                                                          |                                                                                   |
| 14. | □ No               | her personal an                                         | nd household items you did not already list, including any health aids you did                                           | not list                                                                          |
|     | — 100.             | Oive specific in                                        |                                                                                                                          |                                                                                   |
|     |                    |                                                         | riding mower (500), push mower (30), weed eater (20);                                                                    | \$550.00                                                                          |
|     |                    |                                                         |                                                                                                                          |                                                                                   |
| 15  |                    |                                                         | of all of your entries from Part 3, including any entries for pages you have at number here                              | \$1,460.00                                                                        |
| Pa  | rt 4: Des          | scribe Your Finan                                       | icial Assets                                                                                                             |                                                                                   |
|     |                    |                                                         | egal or equitable interest in any of the following?                                                                      | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | Cash<br>Examp      | oles: Money you                                         | have in your wallet, in your home, in a safe deposit box, and on hand when you file                                      | your petition                                                                     |

Official Form 106A/B

Schedule A/B: Property

page 3

Best Case Bankruptcy

| De  | btor 1                   | Mollie Ann N                             | IcNees                                    | e                                            | Case number (if known)                                                                                                                       |                      |
|-----|--------------------------|------------------------------------------|-------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|     | □ Yes.                   |                                          |                                           |                                              |                                                                                                                                              |                      |
|     | Deposi                   | its of money<br>oles: Checking, sa       | avings, o                                 | r other financial acc                        | counts; certificates of deposit; shares in credit unions, brokerage houses, ar                                                               | nd other similar     |
|     | □ No                     | institutions.                            | ii you na                                 | ive multiple accounts                        | s with the same institution, list each.                                                                                                      |                      |
|     |                          |                                          |                                           |                                              | Institution name:                                                                                                                            |                      |
|     | — 100                    |                                          |                                           |                                              |                                                                                                                                              |                      |
|     |                          |                                          | 17.1.                                     | Checking                                     | Capital Bank, joint with Emma Younce                                                                                                         | \$15.00              |
|     |                          |                                          | 17.2.                                     | Checking                                     | Old Hickory Credit Union, joint with James<br>Younce                                                                                         | \$150.00             |
|     |                          |                                          | 17.3.                                     | Checking                                     | Old Hickory Credit Union                                                                                                                     | \$20.00              |
|     | Examp<br>■ No            |                                          | •                                         | cly traded stocks<br>ent accounts with br    | rokerage firms, money market accounts                                                                                                        |                      |
| 19. | joint v                  | ublicly traded strenture                 | ock and                                   | interests in incorp                          | porated and unincorporated businesses, including an interest in an LL                                                                        | .C, partnership, and |
|     | ■ No<br>□ Yes.           | Give specific info                       |                                           | about them<br>me of entity:                  | % of ownership:                                                                                                                              |                      |
|     | Negoti<br>Non-ne<br>■ No | iable instruments                        | include <sub>l</sub><br>e <i>nt</i> s are | personal checks, cas<br>those you cannot tra | otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ransfer to someone by signing or delivering them. |                      |
| 04  | Dotiror                  | ment or pension                          |                                           | uer name:                                    |                                                                                                                                              |                      |
| ۷۱. |                          |                                          |                                           |                                              | 403(b), thrift savings accounts, or other pension or profit-sharing plans                                                                    |                      |
|     | □ Yes.                   | List each accoun                         |                                           | tely.<br>of account:                         | Institution name:                                                                                                                            |                      |
| 22. | Your s<br>Examp          |                                          | d deposi                                  | ts you have made so                          | to that you may continue service or use from a company , public utilities (electric, gas, water), telecommunications companies, or other     | ners                 |
|     | ■ No<br>□ Yes.           |                                          |                                           |                                              | Institution name or individual:                                                                                                              |                      |
| 23. | Annuit<br>■ No           | ies (A contract fo                       | r a perio                                 | dic payment of mon                           | ney to you, either for life or for a number of years)                                                                                        |                      |
|     | Yes                      | ls:                                      | suer nam                                  | ne and description.                          |                                                                                                                                              |                      |
|     |                          | ts in an education<br>C. §§ 530(b)(1), § |                                           |                                              | qualified ABLE program, or under a qualified state tuition program.                                                                          |                      |
|     | ■ No<br>□ Yes            | In:                                      | stitution i                               | name and descriptio                          | on. Separately file the records of any interests.11 U.S.C. § 521(c):                                                                         |                      |
| 25. | Trusts                   | , equitable or fut                       | ture inte                                 | rests in property (d                         | other than anything listed in line 1), and rights or powers exercisable                                                                      | for your benefit     |
|     |                          | Give specific info                       | ormation                                  | about them                                   |                                                                                                                                              |                      |
| 26. |                          |                                          |                                           |                                              | and other intellectual property eds from royalties and licensing agreements                                                                  |                      |
|     | ■ No                     |                                          |                                           |                                              |                                                                                                                                              |                      |

Schedule A/B: Property

Official Form 106A/B

page 4 Best Case Bankruptcy

| D  | ebtor 1              | Mollie Ann McNeese                                                                                           |                                                                           | Case number (if known)            |                                                                                   |
|----|----------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------|
|    | ☐ Yes.               | Give specific information about them                                                                         |                                                                           |                                   |                                                                                   |
| 27 | Examp<br>■ No        |                                                                                                              | ibles<br>ooperative association holdings, liquor licer                    | nses, professional licenses       |                                                                                   |
|    | ☐ Yes.               | Give specific information about them                                                                         |                                                                           |                                   |                                                                                   |
| M  | oney or <sub>l</sub> | property owed to you?                                                                                        |                                                                           |                                   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | Tax ref ■ No         | unds owed to you                                                                                             |                                                                           |                                   |                                                                                   |
|    | ☐ Yes.               | Give specific information about them, inclu                                                                  | ding whether you already filed the returns a                              | and the tax years                 |                                                                                   |
| 29 | Family<br>Examp      |                                                                                                              | al support, child support, maintenance, divo                              | orce settlement, property settle  | ement                                                                             |
|    |                      | Give specific information                                                                                    |                                                                           |                                   |                                                                                   |
| 30 |                      | mounts someone owes you les: Unpaid wages, disability insurance pa benefits; unpaid loans you made to so     | yments, disability benefits, sick pay, vacation                           | on pay, workers' compensation     | on, Social Security                                                               |
|    | ☐ Yes.               | Give specific information                                                                                    |                                                                           |                                   |                                                                                   |
| 31 |                      | s in insurance policies<br>les: Health, disability, or life insurance; hea                                   | alth savings account (HSA); credit, homeow                                | vner's, or renter's insurance     |                                                                                   |
|    | ☐ Yes.               | Name the insurance company of each poli<br>Company name:                                                     | cy and list its value.<br>Beneficia                                       | ary:                              | Surrender or refund value:                                                        |
| 32 | If you a             | erest in property that is due you from s<br>are the beneficiary of a living trust, expect p<br>the has died. | omeone who has died<br>proceeds from a life insurance policy, or are      | e currently entitled to receive p | property because                                                                  |
|    | ■ No<br>□ Yes.       | Give specific information                                                                                    |                                                                           |                                   |                                                                                   |
| 33 |                      | against third parties, whether or not your les: Accidents, employment disputes, insu                         | u have filed a lawsuit or made a demand<br>rance claims, or rights to sue | I for payment                     |                                                                                   |
|    |                      | Describe each claim                                                                                          |                                                                           |                                   |                                                                                   |
| 34 | Other o              | ontingent and unliquidated claims of e                                                                       | very nature, including counterclaims of t                                 | he debtor and rights to set       | off claims                                                                        |
|    | ☐ Yes.               | Describe each claim                                                                                          |                                                                           |                                   |                                                                                   |
| 35 | ■ No                 | ancial assets you did not already list                                                                       |                                                                           |                                   |                                                                                   |
|    | ☐ Yes.               | Give specific information                                                                                    |                                                                           |                                   |                                                                                   |
| 36 |                      | ne dollar value of all of your entries fron<br>rt 4. Write that number here                                  | n Part 4, including any entries for pages                                 | you have attached                 | \$185.00                                                                          |
| Pa | ort 5: Des           | cribe Any Business-Related Property You O                                                                    | wn or Have an Interest In. List any real estate                           | in Part 1.                        |                                                                                   |
|    | Do you o             | wn or have any legal or equitable interest in to Part 6.                                                     | any business-related property?                                            |                                   |                                                                                   |
|    | _                    | o to line 38.                                                                                                |                                                                           |                                   |                                                                                   |

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Official Form 106A/B

Schedule A/B: Property

page 5

| Part 8: List the Totals of Each Part of this Form                                                                                                                                                                                                                                                                                                                                 | Case number (if known)                             | Mollie Ann McNeese                                                                 | Debtor 1               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------|------------------------|
| No. Go to Part 7.  Yes. Go to line 47.  Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above  53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No Yes. Give specific information  54. Add the dollar value of all of your entries from Part 7. Write that number here | ou Own or Have an Interest In.                     |                                                                                    |                        |
| Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above  53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No Yes. Give specific information  54. Add the dollar value of all of your entries from Part 7. Write that number here                                         | n- or commercial fishing-related property?         |                                                                                    |                        |
| 53. Do you have other property of any kind you did not already list?  Examples: Season tickets, country club membership  No  Yes. Give specific information  54. Add the dollar value of all of your entries from Part 7. Write that number here                                                                                                                                  |                                                    |                                                                                    |                        |
| Examples: Season tickets, country club membership  No Yes. Give specific information  54. Add the dollar value of all of your entries from Part 7. Write that number here                                                                                                                                                                                                         | ou Did Not List Above                              | Describe All Property You Own or Have an Interest in That Y                        | Part 7:                |
| 55. Part 1: Total real estate, line 2       \$143,4         56. Part 2: Total vehicles, line 5       \$2,275.00         57. Part 3: Total personal and household items, line 15       \$1,460.00         58. Part 4: Total financial assets, line 36       \$185.00                                                                                                               |                                                    | xamples: Season tickets, country club membership No Yes. Give specific information | Exam<br>■ No<br>□ Yes. |
| 56. Part 2: Total vehicles, line 5 \$2,275.00  57. Part 3: Total personal and household items, line 15 \$1,460.00  58. Part 4: Total financial assets, line 36 \$185.00                                                                                                                                                                                                           |                                                    | List the Totals of Each Part of this Form                                          | Part 8:                |
| 57. Part 3: Total personal and household items, line 15 \$1,460.00  58. Part 4: Total financial assets, line 36 \$185.00                                                                                                                                                                                                                                                          | \$143,400.00                                       | art 1: Total real estate, line 2                                                   | 55. <b>Part</b>        |
| 58. Part 4: Total financial assets, line 36 \$185.00                                                                                                                                                                                                                                                                                                                              | \$2,275.00                                         | art 2: Total vehicles, line 5                                                      | 56. <b>Part</b>        |
|                                                                                                                                                                                                                                                                                                                                                                                   | \$1,460.00                                         | art 3: Total personal and household items, line 15                                 | 57. <b>Part</b>        |
| 59. Part 5: Total business-related property, line 45 \$0.00                                                                                                                                                                                                                                                                                                                       | <u>\$185.00</u>                                    | art 4: Total financial assets, line 36                                             | 58. <b>Part</b>        |
|                                                                                                                                                                                                                                                                                                                                                                                   | \$0.00                                             | art 5: Total business-related property, line 45                                    | 59. <b>Part</b>        |
| 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00                                                                                                                                                                                                                                                                                                              | \$0.00                                             | art 6: Total farm- and fishing-related property, line 52                           | 60. <b>Part</b>        |
| 61. Part 7: Total other property not listed, line 54 + \$0.00                                                                                                                                                                                                                                                                                                                     | +\$0.00                                            | art 7: Total other property not listed, line 54                                    | 61. <b>Part</b>        |
| 62. <b>Total personal property.</b> Add lines 56 through 61 \$3,920.00 Copy personal property total \$3                                                                                                                                                                                                                                                                           | \$3,920.00 Copy personal property total \$3,920.00 | otal personal property. Add lines 56 through 61                                    | 62. Total              |

Schedule A/B: Property Official Form 106A/B page 6

\$147,320.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

| Fill in this information to identify your case: |                        |                    |           |  |                     |  |  |  |  |
|-------------------------------------------------|------------------------|--------------------|-----------|--|---------------------|--|--|--|--|
| Debtor 1                                        | Mollie Ann McNee       | ese                |           |  |                     |  |  |  |  |
|                                                 | First Name             | Middle Name        | Last Name |  |                     |  |  |  |  |
| Debtor 2                                        |                        |                    |           |  |                     |  |  |  |  |
| (Spouse if, filing)                             | First Name             | Middle Name        | Last Name |  |                     |  |  |  |  |
| United States Ban                               | kruptcy Court for the: | MIDDLE DISTRICT OF | TENNESSEE |  |                     |  |  |  |  |
| Case number                                     |                        |                    |           |  |                     |  |  |  |  |
| (if known)                                      |                        |                    |           |  | Check if this is an |  |  |  |  |
|                                                 |                        |                    |           |  | amended filing      |  |  |  |  |
|                                                 |                        |                    |           |  | -                   |  |  |  |  |

#### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property                                 | Current value of the portion you own | Amount of the exemption you claim                                | Specific laws that allow exemption |
|-----------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------|------------------------------------|
|                                                                       | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                            | n.                                 |
| table and chest (15), living room tables (5), chest (10), lamps (50), | \$180.00                             | <b>■</b> \$180.                                                  | 00 Tenn. Code Ann. § 26-2-103      |
| washer and dryer (100);<br>Line from Schedule A/B: 6.1                |                                      | ☐ 100% of fair market value, up any applicable statutory limit   | o to                               |
| kitchen and cooking wares (50),<br>utensils and place settings (30);  | \$80.00                              | ■ \$80.                                                          | 00 Tenn. Code Ann. § 26-2-103      |
| Line from Schedule A/B: 6.2                                           |                                      | ☐ 100% of fair market value, up any applicable statutory limit   | o to                               |
| 4 Tvs (125);<br>Line from Schedule A/B: 7.1                           | \$125.00                             | <b>■</b> \$125.                                                  | 00 Tenn. Code Ann. § 26-2-103      |
| Line from Genedate A.D                                                |                                      | ☐ 100% of fair market value, up any applicable statutory limit   | o to                               |
| books and decor (200);                                                | \$200.00                             | <b>s</b> 200.                                                    | 00 Tenn. Code Ann. § 26-2-103      |
| Line Holli Schedule A.D. G. 1                                         |                                      | ☐ 100% of fair market value, u<br>any applicable statutory limit | o to                               |
| pistols and rifle (200); Line from Schedule A/B: 10.1                 | \$200.00                             | <b>\$200</b> .                                                   | 00 Tenn. Code Ann. § 26-2-103      |
| End nom concodic /vB. 1911                                            |                                      | 100% of fair market value, up any applicable statutory limit     | o to                               |

| btor 1 | Mollie Ann McNeese                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | Case number (if known)                                          |                                    |
|--------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------|------------------------------------|
|        | f description of the property and line on edule A/B that lists this property    | Current value of the portion you own  Copy the value from Schedule A/B  Amount of the exemption you claim Specific Speci |         |                                                                 | Specific laws that allow exemption |
|        |                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                 |                                    |
|        | t <b>hing (100)</b> ;<br>from <i>Schedule A/B</i> : <b>11.1</b>                 | \$100.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         | \$100.00                                                        | Tenn. Code Ann. § 26-2-104         |
| 20     | non esticate /v2.                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | ats (25);<br>from Schedule A/B: 13.1                                            | \$25.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         | \$25.00                                                         | Tenn. Code Ann. § 26-2-103         |
| LIIIG  | Hom Schedule A/D. 19.1                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | ng mower (500), push mower (30),<br>ed eater (20);                              | \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         | \$550.00                                                        | Tenn. Code Ann. § 26-2-103         |
|        | from Schedule A/B: <b>14.1</b>                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | ecking: Capital Bank, joint with                                                | \$15.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         | \$15.00                                                         | Tenn. Code Ann. § 26-2-103         |
|        | from Schedule A/B: 17.1                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | ecking: Old Hickory Credit Union, it with James Younce                          | \$150.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         | \$150.00                                                        | Tenn. Code Ann. § 26-2-103         |
| -      | from Schedule A/B: <b>17.2</b>                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | ecking: Old Hickory Credit Union from Schedule A/B: 17.3                        | \$20.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         | \$20.00                                                         | Tenn. Code Ann. § 26-2-103         |
| LIIIC  | Hom Genedale AND. The                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | 100% of fair market value, up to any applicable statutory limit |                                    |
|        | you claiming a homestead exemption of ject to adjustment on 4/01/19 and every 3 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | led on or after the date of adjustme                            | nt.)                               |
|        | No                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                 |                                    |
|        | Yes. Did you acquire the property covered                                       | ed by the exemption wi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ithin 1 | ,215 days before you filed this case                            | ?                                  |
|        | No                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                 |                                    |
|        | □ Yes                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                 |                                    |

| Fill     | in this informa                    | tion to identify you      | r case:                                                                                                    |                                                           |                                                    |                          |
|----------|------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|--------------------------|
| Deb      | tor 1                              | Mollie Ann McN            |                                                                                                            |                                                           | _                                                  |                          |
| Deb      | tor 2                              | First Name                | Middle Name Last Name                                                                                      |                                                           |                                                    |                          |
|          | use if, filing)                    | First Name                | Middle Name Last Name                                                                                      |                                                           | -                                                  |                          |
| Unit     | ed States Bank                     | ruptcy Court for the:     | MIDDLE DISTRICT OF TENNESSEE                                                                               |                                                           |                                                    |                          |
| Coo      | a numbar                           |                           |                                                                                                            |                                                           | -                                                  |                          |
| (if kno  | e number                           |                           |                                                                                                            |                                                           | ☐ Check                                            | if this is an            |
|          |                                    |                           |                                                                                                            |                                                           | amend                                              | ded filing               |
| ∩ffi     | icial Form                         | 106D                      |                                                                                                            |                                                           |                                                    |                          |
|          |                                    |                           | Who Hoyo Claims Socum                                                                                      | ad by Dranart                                             |                                                    | 40/45                    |
| <u> </u> | nedule L                           | ): Creditors              | Who Have Claims Secur                                                                                      | ed by Propert                                             | у                                                  | 12/15                    |
| is nee   |                                    |                           | If two married people are filing together, both are<br>out, number the entries, and attach it to this form |                                                           |                                                    |                          |
|          | •                                  | ave claims secured by     | your property?                                                                                             |                                                           |                                                    |                          |
|          | ☐ No. Check tl                     | his box and submit th     | nis form to the court with your other schedules                                                            | . You have nothing else                                   | to report on this form.                            |                          |
|          | Yes. Fill in a                     | III of the information I  | below.                                                                                                     |                                                           |                                                    |                          |
| Part     | List All                           | Secured Claims            |                                                                                                            |                                                           |                                                    |                          |
|          |                                    | aims. If a creditor has r | nore than one secured claim, list the creditor separa                                                      | tely Column A                                             | Column B                                           | Column C                 |
|          |                                    |                           | a particular claim, list the other creditors in Part 2. A cal order according to the creditor's name.      | As Amount of claim Do not deduct the value of collateral. | Value of collateral<br>that supports this<br>claim | Unsecured portion If any |
| 2.1      | Lendmark F                         |                           | Describe the property that coourse the claims                                                              | \$4,438.00                                                | \$2,275.00                                         | \$2,163.00               |
|          | Services, L<br>Creditor's Name     | LC                        | Describe the property that secures the claim:  2002 Honda Odyssey 240k miles                               | 7                                                         | ΨΞ,Σ10.00                                          | Ψ2,100.00                |
|          |                                    |                           | miles                                                                                                      |                                                           |                                                    |                          |
|          | 0450 Callat                        | in Dilsa Nauth            | As of the date you file, the claim is: Check all that                                                      |                                                           |                                                    |                          |
|          | Madison, T                         | in Pike North<br>N 37115  | apply.  ☐ Contingent                                                                                       |                                                           |                                                    |                          |
|          |                                    | ity, State & Zip Code     | ☐ Unliquidated                                                                                             |                                                           |                                                    |                          |
|          |                                    |                           | ☐ Disputed                                                                                                 |                                                           |                                                    |                          |
| Who      | owes the debt                      | t? Check one.             | Nature of lien. Check all that apply.                                                                      |                                                           |                                                    |                          |
|          | Debtor 1 only                      |                           | An agreement you made (such as mortgage or car loan)                                                       | secured                                                   |                                                    |                          |
| _        | Debtor 2 only<br>Debtor 1 and Debt | tor 2 only                | ☐ Statutory lien (such as tax lien, mechanic's lien                                                        | ١                                                         |                                                    |                          |
| _        |                                    | debtors and another       | ☐ Judgment lien from a lawsuit                                                                             | )                                                         |                                                    |                          |
|          | Check if this claim                | m relates to a            | Other (including a right to offset)                                                                        |                                                           |                                                    |                          |
| (        | community debt                     |                           |                                                                                                            |                                                           |                                                    |                          |
| Date     | debt was incur                     | red July 2016             | Last 4 digits of account number 016                                                                        | 0                                                         |                                                    |                          |
|          | Santander                          | Consumer                  |                                                                                                            |                                                           |                                                    |                          |
| 2.2      | USA                                | Consumer                  | Describe the property that secures the claim:                                                              | \$19,236.00                                               | \$0.00                                             | \$19,236.00              |
|          | Creditor's Name                    |                           | 2015 Nissan Altima                                                                                         |                                                           |                                                    |                          |
|          | Attn: Office                       |                           |                                                                                                            |                                                           |                                                    |                          |
|          | PO Box 560                         |                           | As of the date you file, the claim is: Check all that                                                      | _                                                         |                                                    |                          |
|          | Dallas, TX 7                       |                           | apply.  Contingent                                                                                         |                                                           |                                                    |                          |
|          | Number, Street, C                  | ity, State & Zip Code     | ☐ Unliquidated                                                                                             |                                                           |                                                    |                          |
| \A/I     | (b d.b.                            | 1 <b>0</b> or 1           | Disputed                                                                                                   |                                                           |                                                    |                          |
| _        | owes the debt                      | ? Check one.              | Nature of lien. Check all that apply.                                                                      | d                                                         |                                                    |                          |
|          | Debtor 1 only Debtor 2 only        |                           | An agreement you made (such as mortgage or car loan)                                                       | SECUIEU                                                   |                                                    |                          |
| _        | Debtor 1 and Debt                  | tor 2 only                | ☐ Statutory lien (such as tax lien, mechanic's lien                                                        | )                                                         |                                                    |                          |
| <b>A</b> | at least one of the                | debtors and another       | ☐ Judgment lien from a lawsuit                                                                             |                                                           |                                                    |                          |
|          | Check if this clain community debt |                           | Other (including a right to offset) PMSI                                                                   |                                                           |                                                    |                          |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

| Debtor 1  | Mollie Ann McNeese |                          |                                     |      |          |     |  |  |
|-----------|--------------------|--------------------------|-------------------------------------|------|----------|-----|--|--|
|           | First Name         | Middle Name              | Last Name                           |      |          |     |  |  |
| Date debt | was incurred       | April 2015               | Last 4 digits of account number     | 9457 |          |     |  |  |
|           |                    |                          |                                     |      |          |     |  |  |
| Add the   | dollar value of    | f your entries in Column | A on this page. Write that number h | ere: | \$23.674 | .00 |  |  |

\$23,674.00

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Desc Main

|                                 |                                                                                                                                                   |                                        |                                        |                                                             |                        | _                    |                        |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|-------------------------------------------------------------|------------------------|----------------------|------------------------|
| Fill in this inf                | formation to identify your                                                                                                                        | case:                                  |                                        |                                                             |                        |                      |                        |
| Debtor 1                        | Mollie Ann McNee                                                                                                                                  | ese                                    |                                        |                                                             |                        |                      |                        |
|                                 | First Name                                                                                                                                        | Middle N                               | lame                                   | Last Name                                                   |                        |                      |                        |
| Debtor 2<br>(Spouse if, filing) | First Name                                                                                                                                        | Middle N                               | lomo                                   | Last Name                                                   |                        |                      |                        |
| (Spouse II, IIIIIIg)            | Filst Name                                                                                                                                        | Middle N                               | ane                                    | Last Name                                                   |                        |                      |                        |
| United States                   | Bankruptcy Court for the:                                                                                                                         | MIDDLE DI                              | STRICT OF T                            | ENNESSEE                                                    |                        |                      |                        |
| Case number                     |                                                                                                                                                   |                                        |                                        |                                                             |                        |                      |                        |
| (if known)                      |                                                                                                                                                   |                                        |                                        |                                                             |                        | _                    | k if this is an        |
|                                 |                                                                                                                                                   |                                        |                                        |                                                             |                        | ] amen               | ded filing             |
| Official Fo                     | orm 106E/F                                                                                                                                        |                                        |                                        |                                                             |                        |                      |                        |
|                                 | E/F: Creditors W                                                                                                                                  | ho Have                                | Unsecu                                 | red Claims                                                  |                        |                      | 12/15                  |
| Be as complete                  | and accurate as possible. Us                                                                                                                      | e Part 1 for cre                       | editors with PF                        | RIORITY claims and Part 2 to                                | for creditors with NON | IPRIORITY claims, I  | ist the other party to |
| name and case                   | Continuation Page to this pag number (if known). st All of Your PRIORITY Un                                                                       |                                        |                                        | , , , , , , , , , , , , , , , , , , , ,                     |                        | ,                    |                        |
| 1. Do any cre                   | editors have priority unsecure                                                                                                                    | d claims again                         | st you?                                |                                                             |                        |                      |                        |
| ☐ No. Go                        | to Part 2.                                                                                                                                        |                                        |                                        |                                                             |                        |                      |                        |
| Yes.                            |                                                                                                                                                   |                                        |                                        |                                                             |                        |                      |                        |
| identify what<br>possible, lis  | your priority unsecured claims<br>at type of claim it is. If a claim ha<br>at the claims in alphabetical orde<br>ore than one creditor holds a pa | s both priority a<br>er according to t | and nonpriority a<br>the creditor's na | amounts, list that claim here ame. If you have more than to | and show both priority | and nonpriority amou | nts. As much as        |
| (For an exp                     | planation of each type of claim, s                                                                                                                | ee the instruction                     | ons for this form                      | n in the instruction booklet.)                              |                        |                      |                        |
|                                 |                                                                                                                                                   |                                        |                                        |                                                             | Total claim            | Priority<br>amount   | Nonpriority amount     |
| Citv                            | of Hendersonville Prop                                                                                                                            | ertv                                   |                                        |                                                             |                        |                      |                        |
| 2.1 <b>Tax</b>                  |                                                                                                                                                   | -                                      | ast 4 digits of                        | account number                                              | Unknown                | \$0.00               | \$0.00                 |
|                                 | y Creditor's Name<br><b>Maple Drive North</b>                                                                                                     | VA.                                    | hen was the d                          | leht incurred?                                              |                        |                      |                        |
|                                 | dersonville, TN 37075                                                                                                                             | •                                      | men was the a                          |                                                             |                        | _                    |                        |
| Numb                            | er Street City State Zlp Code                                                                                                                     | Α                                      | s of the date y                        | ou file, the claim is: Check                                | all that apply         |                      |                        |
| Who incu                        | irred the debt? Check one.                                                                                                                        |                                        | Contingent                             |                                                             |                        |                      |                        |
| Debto                           | r 1 only                                                                                                                                          |                                        | <b>I</b> Unliquidated                  |                                                             |                        |                      |                        |
| ☐ Debto                         | r 2 only                                                                                                                                          |                                        | Disputed                               |                                                             |                        |                      |                        |
| ☐ Debto                         | r 1 and Debtor 2 only                                                                                                                             | T                                      | ype of PRIORIT                         | TY unsecured claim:                                         |                        |                      |                        |
| ☐ At leas                       | st one of the debtors and anothe                                                                                                                  | er 🗆                                   | Domestic sup                           | pport obligations                                           |                        |                      |                        |
| ☐ Check                         | c if this claim is for a commur                                                                                                                   | nity debt                              | Taxes and ce                           | ertain other debts you owe the                              | e government           |                      |                        |
|                                 | im subject to offset?                                                                                                                             | •                                      |                                        | ath or personal injury while y                              | -                      |                      |                        |
| ■ No                            |                                                                                                                                                   |                                        | Other. Specify                         | у                                                           |                        |                      |                        |
| ☐ Yes                           |                                                                                                                                                   |                                        |                                        | city property tax for                                       | or 2016                |                      | =                      |

Best Case Bankruptcy

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | number (if know)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------|
| Sumner County Trustee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Last 4 digits of account number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Unknown                                                  | Unknow                          |
| Priority Creditor's Name 355 Belvedere Drive, Room 107 Gallatin, TN 37066                                                                                                                                                                                                                                                                                                                                                                                                                            | When was the debt incurred?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                 |
| Number Street City State Zlp Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | As of the date you file, the claim is: Check a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |                                 |
| Who incurred the debt? Check one.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ☐ Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                 |
| Debtor 1 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                 |
| Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                 |
| ☐ Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Type of PRIORITY unsecured claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                 |
| ☐ At least one of the debtors and another                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ Domestic support obligations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                 |
| ☐ Check if this claim is for a community debt                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ■ Taxes and certain other debts you owe the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                 |
| Is the claim subject to offset?                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Claims for death or personal injury while yo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ou were intoxicated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          |                                 |
| ■ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ☐ Other. Specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                 |
| ☐ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2016 property taxe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          |                                 |
| Yes.  List all of your nonpriority unsecured claims in the                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                 |
| ■ Yes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e alphabetical order of the creditor who holds claim. For each claim listed, identify what type of c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | claim it is. Do not list claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s already included in I<br>s fill out the Continua       | Part 1. If more tion Page of    |
| Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.                                                                                                                                                                                                                                                                                                              | e alphabetical order of the creditor who holds claim. For each claim listed, identify what type of cr creditors in Part 3.If you have more than three n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | claim it is. Do not list claims<br>conpriority unsecured claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | already included in I                                    | Part 1. If more<br>tion Page of |
| Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Anesthesia Medical Group PC  Nonpriority Creditor's Name PO Box 637931                                                                                                                                                                                                                                      | e alphabetical order of the creditor who holds claim. For each claim listed, identify what type of c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | claim it is. Do not list claims<br>conpriority unsecured claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | s already included in I<br>s fill out the Continua       | Part 1. If more<br>tion Page of |
| Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Anesthesia Medical Group PC  Nonpriority Creditor's Name                                                                                                                                                                                                                                                    | e alphabetical order of the creditor who holds claim. For each claim listed, identify what type of craceditors in Part 3.If you have more than three number Last 4 digits of account number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | claim it is. Do not list claims<br>onpriority unsecured claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | s already included in I<br>s fill out the Continua       | Part 1. If more<br>tion Page of |
| ■ Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Anesthesia Medical Group PC  Nonpriority Creditor's Name PO Box 637931  Cincinnati, OH 45263  Number Street City State Zlp Code                                                                                                                                                                           | e alphabetical order of the creditor who holds claim. For each claim listed, identify what type of creditors in Part 3.lf you have more than three notes that 4 digits of account number when was the debt incurred?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | claim it is. Do not list claims<br>onpriority unsecured claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | s already included in I<br>s fill out the Continua       | Part 1. If more<br>tion Page of |
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| List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Anesthesia Medical Group PC  Nonpriority Creditor's Name PO Box 637931 Cincinnati, OH 45263  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community                        | e alphabetical order of the creditor who holds claim. For each claim listed, identify what type of control of the creditors in Part 3. If you have more than three in the control of the c | claim it is. Do not list claims conpriority unsecured claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | s already included in I<br>s fill out the Continua       | Part 1. If more<br>tion Page of |
| List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Anesthesia Medical Group PC  Nonpriority Creditor's Name PO Box 637931 Cincinnati, OH 45263  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt                   | e alphabetical order of the creditor who holds claim. For each claim listed, identify what type of or creditors in Part 3.lf you have more than three in a creditors in Part 3.lf you have more than three in a creditors in Part 3.lf you have more than three in a creditors in Part 3.lf you have more than three in a creditors in Part 3.lf you have more than three in a creditors in Part 4.lf you have more than three in a creditors in Part 4.lf you have more than three in a creditors in Part 4.lf you have more than three in a creditors in Part 4.lf you have more than three in a creditors in Part 4.lf you have more than three in a creditors in Part 4.lf you have more than three in a creditors in Part 4.lf you have more than three in a creditors in Part 4.lf you have more than three in a creditors in Part 4.lf you have more than three in a creditors in Part 4.lf you have more than three in the creditors in Part 4.lf you have more than three in the creditors in Part 4.lf you have more than three in the creditors in Part 4.lf you have more than three in Part 4.lf you have more three in Par | claim it is. Do not list claims on priority unsecured claim  the state of the state | s already included in I s fill out the Continua  Total c | Part 1. If more<br>tion Page of |
| List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Anesthesia Medical Group PC  Nonpriority Creditor's Name PO Box 637931 Cincinnati, OH 45263  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? | e alphabetical order of the creditor who holds claim. For each claim listed, identify what type of or creditors in Part 3.If you have more than three in a creditors in Part 3.If you have more than three in a creditors in Part 3.If you have more than three in a creditors in Part 3.If you have more than three in a creditors in Part 3.If you have more than three in a creditors in Part 4.If you have more than three in a creditors in Part 4.If you have more than three in a creditors in Part 4.If you have more than three in a creditors in Part 4.If you have more than three in a creditors in Part 4.If you have more than three in a creditors in Part 4.If you have more than three in a creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more than three in Creditors in Part 4.If you have more three in Creditors in Part 4.If you have more tha | claim it is. Do not list claims on priority unsecured claim   the state of the stat | s already included in I s fill out the Continua  Total c | Part 1. If more<br>tion Page of |
| List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2.  Anesthesia Medical Group PC  Nonpriority Creditor's Name PO Box 637931 Cincinnati, OH 45263  Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt                   | e alphabetical order of the creditor who holds claim. For each claim listed, identify what type of or creditors in Part 3.lf you have more than three in a creditors in Part 3.lf you have more than three in a creditors in Part 3.lf you have more than three in a creditors in Part 3.lf you have more than three in a creditors in Part 3.lf you have more than three in a creditors in Part 4.lf you have more than three in a creditors in Part 4.lf you have more than three in a creditors in Part 4.lf you have more than three in a creditors in Part 4.lf you have more than three in a creditors in Part 4.lf you have more than three in a creditors in Part 4.lf you have more than three in a creditors in Part 4.lf you have more than three in a creditors in Part 4.lf you have more than three in a creditors in Part 4.lf you have more than three in a creditors in Part 4.lf you have more than three in the creditors in Part 4.lf you have more than three in the creditors in Part 4.lf you have more than three in the creditors in Part 4.lf you have more than three in Part 4.lf you have more three in Par | claim it is. Do not list claims on priority unsecured claim   the state of the stat | s already included in I s fill out the Continua  Total c | Part 1. If more<br>tion Page of |

Doc 1

| Debtor | Mollie Ann McNeese                                                | Case number (if know)                                                                                   |             |
|--------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------|
| 4.2    | Credit First, NA                                                  | Last 4 digits of account number 5088                                                                    | \$1,272.00  |
|        | Nonpriority Creditor's Name PO Box 81344 Cleveland, OH 44188-0344 | When was the debt incurred?                                                                             |             |
|        | Number Street City State Zlp Code                                 | As of the date you file, the claim is: Check all that apply                                             |             |
|        | Who incurred the debt? Check one.                                 |                                                                                                         |             |
|        | ■ Debtor 1 only                                                   | ☐ Contingent                                                                                            |             |
|        | Debtor 2 only                                                     | ☐ Unliquidated                                                                                          |             |
|        | ☐ Debtor 1 and Debtor 2 only                                      | ☐ Disputed                                                                                              |             |
|        | ☐ At least one of the debtors and another                         | Type of NONPRIORITY unsecured claim:                                                                    |             |
|        | ☐ Check if this claim is for a community                          | ☐ Student loans                                                                                         |             |
|        | debt Is the claim subject to offset?                              | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|        | ■ No                                                              | ☐ Debts to pension or profit-sharing plans, and other similar debts                                     |             |
|        | Yes                                                               | Other. Specify cc (Firestone)                                                                           |             |
| 4.3    | Kohl's Payment Center                                             | Last 4 digits of account number 2406                                                                    | \$1,961.00  |
|        | Nonpriority Creditor's Name                                       |                                                                                                         | * /=====    |
|        | P.O.Box 2983                                                      | When was the debt incurred?                                                                             |             |
|        | Milwaukee, WI 53201-2983  Number Street City State Zlp Code       | As of the date you file, the claim is: Check all that apply                                             |             |
|        | Who incurred the debt? Check one.                                 | · · · · · · · · · · · · · · · · · · ·                                                                   |             |
|        | ■ Debtor 1 only                                                   | ☐ Contingent                                                                                            |             |
|        | ☐ Debtor 2 only                                                   | ☐ Unliquidated                                                                                          |             |
|        | Debtor 1 and Debtor 2 only                                        | ☐ Disputed                                                                                              |             |
|        | ☐ At least one of the debtors and another                         | Type of NONPRIORITY unsecured claim:                                                                    |             |
|        | ☐ Check if this claim is for a community                          | ☐ Student loans                                                                                         |             |
|        | debt                                                              | ☐ Obligations arising out of a separation agreement or divorce that you did not                         |             |
|        | Is the claim subject to offset?                                   | report as priority claims                                                                               |             |
|        | ■ No                                                              | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|        | Yes                                                               | Other. Specify CC                                                                                       |             |
| 4.4    | Lendmark Financial Services, LLC                                  | Last 4 digits of account number 0160                                                                    | \$19,503.00 |
|        | Nonpriority Creditor's Name 2150 Gallatin Pike North              | When was the debt incurred?                                                                             |             |
|        | Madison, TN 37115  Number Street City State Zlp Code              | As of the date you file, the claim is: Check all that apply                                             |             |
|        | Who incurred the debt? Check one.                                 | 7.6 of the date yearing, the damine. Oneok all that apply                                               |             |
|        | ☐ Debtor 1 only                                                   | ☐ Contingent                                                                                            |             |
|        | Debtor 2 only                                                     | ☐ Unliquidated                                                                                          |             |
|        | ☐ Debtor 1 and Debtor 2 only                                      | ☐ Disputed                                                                                              |             |
|        | At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:                                                                    |             |
|        | ☐ Check if this claim is for a community                          | ☐ Student loans                                                                                         |             |
|        | debt                                                              | ☐ Obligations arising out of a separation agreement or divorce that you did not                         |             |
|        | Is the claim subject to offset?                                   | report as priority claims                                                                               |             |
|        | ■ No                                                              | ☐ Debts to pension or profit-sharing plans, and other similar debts                                     |             |
|        | Yes                                                               | Other. Specify repo def                                                                                 |             |

| ebtor 1 Mollie Ann McNeese                                                     | Case number (if know)                                                                                             |             |  |  |  |  |  |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|--|--|--|--|--|
| Old Hickory Credit Union                                                       | Last 4 digits of account number                                                                                   | \$7,000.00  |  |  |  |  |  |
| Nonpriority Creditor's Name 1000 Industrial Road P.O. Box 431                  | When was the debt incurred?                                                                                       |             |  |  |  |  |  |
| Old Hickory, TN 37138-0431                                                     |                                                                                                                   |             |  |  |  |  |  |
| Number Street City State Zlp Code Who incurred the debt? Check one.            | As of the date you file, the claim is: Check all that apply                                                       |             |  |  |  |  |  |
| Debtor 1 only                                                                  | ☐ Contingent                                                                                                      |             |  |  |  |  |  |
| Debtor 2 only                                                                  | ☐ Unliquidated                                                                                                    |             |  |  |  |  |  |
| Debtor 1 and Debtor 2 only                                                     | ☐ Disputed                                                                                                        |             |  |  |  |  |  |
| ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:                                                                              |             |  |  |  |  |  |
| ☐ Check if this claim is for a community                                       | ☐ Student loans                                                                                                   |             |  |  |  |  |  |
| debt Is the claim subject to offset?                                           | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |  |  |  |  |  |
| No                                                                             | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |             |  |  |  |  |  |
| Yes                                                                            | Other. Specify personal loan                                                                                      |             |  |  |  |  |  |
| One Main Financial                                                             | Last 4 digits of account number 4256                                                                              | \$11,589.00 |  |  |  |  |  |
| Nonpriority Creditor's Name<br>1599 N. Gallatin Road<br>Madison, TN 37115-2158 | When was the debt incurred?                                                                                       |             |  |  |  |  |  |
| Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim is: Check all that apply                                                       |             |  |  |  |  |  |
| Debtor 1 only                                                                  | ☐ Contingent                                                                                                      |             |  |  |  |  |  |
| Debtor 2 only                                                                  | ☐ Unliquidated                                                                                                    |             |  |  |  |  |  |
| ☐ Debtor 1 and Debtor 2 only                                                   | □ Disputed                                                                                                        |             |  |  |  |  |  |
| ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:                                                                              |             |  |  |  |  |  |
| ☐ Check if this claim is for a community                                       | ☐ Student loans                                                                                                   |             |  |  |  |  |  |
| debt Is the claim subject to offset?                                           | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |  |  |  |  |  |
| ■ No                                                                           | ☐ Debts to pension or profit-sharing plans, and other similar debts                                               |             |  |  |  |  |  |
| Yes                                                                            | Other. Specify personal loan                                                                                      |             |  |  |  |  |  |
| Quick Cash                                                                     | Last 4 digits of account number 1225                                                                              | \$180.00    |  |  |  |  |  |
| Nonpriority Creditor's Name 626 West Main Street Handersonville TN 37075       | When was the debt incurred?                                                                                       |             |  |  |  |  |  |
| Hendersonville, TN 37075  Number Street City State Zlp Code                    | As of the date you file, the claim is: Check all that apply                                                       |             |  |  |  |  |  |
| Who incurred the debt? Check one.                                              |                                                                                                                   |             |  |  |  |  |  |
| Debtor 1 only                                                                  | ☐ Contingent                                                                                                      |             |  |  |  |  |  |
| Debtor 2 only                                                                  | ☐ Unliquidated                                                                                                    |             |  |  |  |  |  |
| Debtor 1 and Debtor 2 only                                                     | □ Disputed                                                                                                        | ·           |  |  |  |  |  |
| ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim: ☐ Student loans                                                              |             |  |  |  |  |  |
| ☐ Check if this claim is for a community                                       |                                                                                                                   |             |  |  |  |  |  |
| debt                                                                           | lacktriangle Obligations arising out of a separation agreement or divorce that you did not                        |             |  |  |  |  |  |
| Is the claim subject to offset?                                                | report as priority claims                                                                                         |             |  |  |  |  |  |
| No                                                                             | Debts to pension or profit-sharing plans, and other similar debts                                                 |             |  |  |  |  |  |
| □Yes                                                                           | ■ Other. Specify cash advance                                                                                     |             |  |  |  |  |  |

Doc 1

| 1 Mollie Ann McNeese                                                                    | Case number (if know)                                                                                     |            |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|
| Synchrony Bank                                                                          | Last 4 digits of account number 9826                                                                      | \$3,500.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 965061                        | When was the debt incurred?                                                                               |            |
| Orlando, FL 32896  Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply                                               |            |
| Who incurred the debt? Check one.                                                       | As of the date you me, the claim is. Oneon an that apply                                                  |            |
| ■ Debtor 1 only                                                                         | ☐ Contingent                                                                                              |            |
| ☐ Debtor 2 only                                                                         | ☐ Unliquidated                                                                                            |            |
| ☐ Debtor 1 and Debtor 2 only                                                            | ☐ Disputed                                                                                                |            |
| ☐ At least one of the debtors and another                                               | Type of NONPRIORITY unsecured claim:                                                                      |            |
| ☐ Check if this claim is for a community                                                | ☐ Student loans                                                                                           |            |
| debt<br>Is the claim subject to offset?                                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| ■ No                                                                                    | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
| Yes                                                                                     | ■ Other. Specify cc (Sam's Club)                                                                          |            |
| Synchrony Bank                                                                          | Last 4 digits of account number 5075                                                                      | \$1,535.0  |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 965061                        | When was the debt incurred?                                                                               |            |
| Orlando, FL 32896  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply                                               |            |
| ■ Debtor 1 only                                                                         | ☐ Contingent                                                                                              |            |
| Debtor 2 only                                                                           | ☐ Unliquidated                                                                                            |            |
| Debtor 1 and Debtor 2 only                                                              | ☐ Disputed                                                                                                |            |
| ☐ At least one of the debtors and another                                               | Type of NONPRIORITY unsecured claim:                                                                      |            |
| ☐ Check if this claim is for a community                                                | ☐ Student loans                                                                                           |            |
| debt<br>Is the claim subject to offset?                                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| ■ No                                                                                    | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
| Yes                                                                                     | ■ Other. Specify cc (Care Credit)                                                                         |            |
| Synchrony Bank/Discount Tire                                                            | Last 4 digits of account number 2141                                                                      | \$1,856.0  |
| Nonpriority Creditor's Name PO Box 960061 Orlando, FL 32896-0061                        | When was the debt incurred?                                                                               |            |
| Number Street City State Zlp Code Who incurred the debt? Check one.                     | As of the date you file, the claim is: Check all that apply                                               |            |
| Debtor 1 only                                                                           | ☐ Contingent                                                                                              |            |
| ☐ Debtor 2 only                                                                         | ☐ Unliquidated                                                                                            |            |
| ☐ Debtor 1 and Debtor 2 only                                                            | ☐ Disputed                                                                                                |            |
| $\square$ At least one of the debtors and another                                       | Type of NONPRIORITY unsecured claim:                                                                      |            |
| ☐ Check if this claim is for a community debt                                           | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |            |
| Is the claim subject to offset?                                                         | report as priority claims                                                                                 |            |
| ■ No                                                                                    | Debts to pension or profit-sharing plans, and other similar debts                                         |            |
| ☐ Yes                                                                                   | Other. Specify CC                                                                                         |            |

Doc 1

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

| Fill in this inforn                     | nation to identify your | case:              |           |  |                     |
|-----------------------------------------|-------------------------|--------------------|-----------|--|---------------------|
| Debtor 1                                | Mollie Ann McNe         | ese                |           |  |                     |
|                                         | First Name              | Middle Name        | Last Name |  |                     |
| Debtor 2                                |                         |                    |           |  |                     |
| (Spouse if, filing)                     | First Name              | Middle Name        | Last Name |  |                     |
| United States Bankruptcy Court for the: |                         | MIDDLE DISTRICT OF | TENNESSEE |  |                     |
| Case number _                           |                         |                    |           |  |                     |
| (if known)                              |                         |                    |           |  | Check if this is an |
|                                         |                         |                    |           |  | amended filing      |

### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the<br>er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|----------------------------------------------------------|-------------------|-----------------------------------------|
| 2.1 |           |              |                                                          |                   |                                         |
|     | Name      |              |                                                          |                   | _                                       |
|     | Number    | Street       |                                                          |                   | _                                       |
|     | City      |              | State                                                    | ZIP Code          |                                         |
| 2.2 |           |              |                                                          |                   |                                         |
|     | Name      |              |                                                          |                   |                                         |
|     | Number    | Street       |                                                          |                   | _                                       |
|     | City      |              | State                                                    | ZIP Code          | <del>_</del>                            |
| 2.3 |           |              |                                                          |                   |                                         |
|     | Name      |              |                                                          |                   | _                                       |
|     | Number    | Street       |                                                          |                   | _                                       |
|     | City      |              | State                                                    | ZIP Code          |                                         |
| 2.4 |           |              |                                                          |                   |                                         |
|     | Name      |              |                                                          |                   | _                                       |
|     | Number    | Street       |                                                          |                   | _                                       |
|     | City      |              | State                                                    | ZIP Code          |                                         |
| 2.5 |           |              |                                                          |                   |                                         |
|     | Name      |              |                                                          |                   | _                                       |
|     | Number    | Street       |                                                          |                   |                                         |
|     | City      |              | State                                                    | ZIP Code          | _                                       |
|     | •         |              |                                                          |                   |                                         |

| Fill in th     | is information to identify your                                    | 0250:                                               |                                                      |                                                                                                             |                                  |
|----------------|--------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------|
|                |                                                                    |                                                     |                                                      |                                                                                                             |                                  |
| Debtor 1       | Mollie Ann McNe First Name                                         | ese<br>Middle Name                                  | Last Name                                            |                                                                                                             |                                  |
| Debtor 2       |                                                                    |                                                     |                                                      |                                                                                                             |                                  |
| (Spouse if, t  | filing) First Name                                                 | Middle Name                                         | Last Name                                            |                                                                                                             |                                  |
| United S       | tates Bankruptcy Court for the:                                    | MIDDLE DISTRICT OF                                  | TENNESSEE                                            |                                                                                                             |                                  |
| Case nur       | mber                                                               |                                                     |                                                      | <del>-</del>                                                                                                | ck if this is an<br>ended filing |
|                | al Form 106H<br><b>dule H: Your Cod</b>                            | ebtors                                              |                                                      |                                                                                                             | 12/15                            |
| people ar      | e filing together, both are equ                                    | ally responsible for supp boxes on the left. Attach | lying correct information. the Additional Page to th | omplete and accurate as possible<br>If more space is needed, copy th<br>is page. On the top of any Addition | e Additional Page,               |
| 1. De          | o you have any codebtors? (If                                      | you are filing a joint case, o                      | do not list either spouse as a                       | a codebtor.                                                                                                 |                                  |
| □ No           |                                                                    |                                                     |                                                      |                                                                                                             |                                  |
| Arizo          | ithin the last 8 years, have you ona, California, Idaho, Louisiana |                                                     |                                                      | Community property states and terron, and Wisconsin.)                                                       | ritories include                 |
|                | es. Did your spouse, former spo                                    | use, or legal equivalent live                       | with you at the time?                                |                                                                                                             |                                  |
| in lir<br>Forn | ne 2 again as a codebtor only i                                    | f that person is a guarant                          | tor or cosigner. Make sure                           | our spouse is filing with you. List<br>you have listed the creditor on S<br>. Use Schedule D, Schedule E/F, | Schedule D (Official             |
|                | Column 1: Your codebtor Name, Number, Street, City, State and Z    | IP Code                                             |                                                      | Column 2: The creditor to whom Check all schedules that apply:                                              | you owe the debt                 |
| 3.1            | Mitzy Fleming<br>150 Hurt Road<br>Hendersonville, TN 37075         |                                                     |                                                      | ■ Schedule D, line<br>□ Schedule E/F, line<br>□ Schedule G<br>Santander Consumer USA                        |                                  |
| 3.2            | Taylor Evans<br>150 Hurt Road<br>Hendersonville, TN 37075          |                                                     |                                                      | ☐ Schedule D, line<br>■ Schedule E/F, line4.4<br>☐ Schedule G<br>Lendmark Financial Services                | -<br>s, LLC                      |

Schedule H: Your Codebtors

| Fill  | in this information to identify your ca                                                                                                   | ase:                       |                                   |            |      | ļ           |              |             |                                    |          |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------|------------|------|-------------|--------------|-------------|------------------------------------|----------|
| De    | btor 1 Mollie Ann I                                                                                                                       | McNeese                    |                                   |            |      |             |              |             |                                    |          |
| 1 -   | btor 2<br>puse, if filing)                                                                                                                |                            |                                   |            | _    |             |              |             |                                    |          |
| Un    | ited States Bankruptcy Court for the                                                                                                      | : MIDDLE DISTRICT C        | F TENNESSEE                       |            |      |             |              |             |                                    |          |
| Ca    | se number                                                                                                                                 |                            |                                   |            |      | Chec        | k if this is |             |                                    |          |
| (If k | nown)                                                                                                                                     |                            |                                   |            |      |             | n amende     |             |                                    |          |
|       |                                                                                                                                           |                            |                                   |            |      |             |              |             | ng postpetition<br>following date: |          |
| 0     | fficial Form 106I                                                                                                                         |                            |                                   |            |      |             | // / DD/ \   |             | · ·                                |          |
| S     | chedule I: Your Inc                                                                                                                       | ome                        |                                   |            |      |             | , 22,        |             |                                    | 12/15    |
| spo   | plying correct information. If you use. If you are separated and you ach a separate sheet to this form.  The separate sheet to this form. | ır spouse is not filing w  | ith you, do not inclu             | ıde infor  | mati | on abou     | t your sp    | ouse. If m  | ore space is                       | needed,  |
| 1.    | Fill in your employment information.                                                                                                      |                            | Debtor 1                          |            |      |             | Debtor 2     | 2 or non-f  | iling spouse                       |          |
|       | If you have more than one job, attach a separate page with information about additional                                                   | Employment status          | ■ Employed                        |            |      |             | ☐ Empl       | oyed        |                                    |          |
|       |                                                                                                                                           | Employment status          | ☐ Not employed                    |            |      |             | ☐ Not e      | mployed     |                                    |          |
|       | employers.                                                                                                                                | Occupation                 | Operator                          |            |      |             |              |             |                                    |          |
|       | Include part-time, seasonal, or self-employed work.                                                                                       | Employer's name            | Davidson Trans                    | sit Orga   | niza | ation       |              |             |                                    |          |
|       | Occupation may include student or homemaker, if it applies.                                                                               | Employer's address         | 430 Myatt Drive<br>Madison, TN 37 |            |      |             |              |             |                                    |          |
|       |                                                                                                                                           | How long employed t        | here? 8 years                     | 5          |      |             | _            |             |                                    |          |
| Pa    | rt 2: Give Details About Mor                                                                                                              | nthly Income               |                                   |            |      |             |              |             |                                    |          |
|       | imate monthly income as of the duse unless you are separated.                                                                             | ate you file this form. If | you have nothing to r             | report for | any  | line, write | e \$0 in the | space. In   | clude your no                      | n-filing |
|       | ou or your non-filing spouse have mo<br>e space, attach a separate sheet to                                                               |                            | ombine the information            | on for all | empl | oyers for   | that perso   | on on the I | ines below. If                     | you need |
|       |                                                                                                                                           |                            |                                   |            |      | For De      | btor 1       |             | ebtor 2 or<br>ing spouse           |          |
| 2.    | List monthly gross wages, sala deductions). If not paid monthly,                                                                          |                            |                                   | 2.         | \$   | 2           | ,816.67      | \$          | N/A                                |          |
| 3.    | Estimate and list monthly overt                                                                                                           | ime pay.                   |                                   | 3.         | +\$  |             | 0.00         | +\$         | N/A                                |          |
| 4.    | Calculate gross Income. Add lin                                                                                                           | ne 2 + line 3.             |                                   | 4.         | \$   | 2,8         | 16.67        | \$          | N/A                                |          |

|     |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | For            | Debtor 1                             |                   | Debtor 2 or<br>-filing spouse   |          |
|-----|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------|--------------------------------------|-------------------|---------------------------------|----------|
|     | Сору                | line 4 here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4.                              | \$             | 2,816.67                             | \$                | N/A                             |          |
| 5.  | l iet s             | all payroll deductions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                |                                      |                   |                                 |          |
| J.  | 5a.                 | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5a.                             | \$             | 0.00                                 | \$                | N/A                             |          |
|     | 5b.                 | Mandatory contributions for retirement plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5b.                             | <b>\$</b> —    | 0.00                                 | \$<br>            | N/A                             |          |
|     | 5c.                 | Voluntary contributions for retirement plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5c.                             | \$_            | 0.00                                 | \$                | N/A                             |          |
|     | 5d.                 | Required repayments of retirement fund loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5d.                             | \$_            | 0.00                                 | \$-               | N/A                             |          |
|     | 5e.                 | Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5e.                             | \$_            | 0.00                                 | \$                | N/A                             |          |
|     | 5f.                 | Domestic support obligations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5f.                             | \$_            | 0.00                                 | \$                | N/A                             |          |
|     | 5g.                 | Union dues                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5g.                             | \$_            | 0.00                                 | \$                | N/A                             |          |
|     | 5h.                 | Other deductions. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5h.+                            | + \$_          |                                      | + \$              | N/A                             |          |
| 6.  | Add                 | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6.                              | \$             | 0.00                                 | \$                | N/A                             |          |
| 7.  | Calc                | ulate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7.                              | \$             | 2,816.67                             | \$                | N/A                             |          |
| 8.  | 8b. 8c. 8d. 8e. 8f. | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive  Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive | 8a.<br>8b.<br>8c.<br>8d.<br>8e. | \$<br>\$<br>\$ | 0.00<br>0.00<br>0.00<br>0.00<br>0.00 | \$<br>\$<br>\$ \$ | N/A<br>N/A<br>N/A<br>N/A<br>N/A |          |
|     | 01.                 | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:                                                                                                                                                                                                                                                                                                                                                                                                 | 8f.                             | \$             | 0.00                                 | \$                | N/A                             |          |
|     | 8g.                 | Pension or retirement income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8g.                             | \$             | 0.00                                 | \$                | N/A                             |          |
|     | 8h.                 | Other monthly income. Specify: her boyfriend                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8h.+                            | - \$           | 800.00                               | + \$              | N/A                             |          |
|     | · · · ·             | inci boymena                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                |                                      |                   | <u> </u>                        | 1        |
| 9.  | Add                 | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9.                              | \$             | 800.00                               | \$                | N/A                             | <u> </u> |
| 10. |                     | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10. \$                          |                | 3,616.67 + \$_                       |                   | <b>N/A</b> = \$;                | 3,616.67 |
| 11. | Includ<br>other     | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not a lify:                                                                                                                                                                                                                                                                                                                                             | depen                           |                | •                                    |                   | Schedule J.<br>11. +\$          | 0.00     |
| 12. |                     | the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                |                                      |                   | 12. \$                          | 3,616.67 |
| 13. | Do y                | ou expect an increase or decrease within the year after you file this form?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ?                               |                |                                      |                   | Combine<br>monthly              |          |
|     |                     | No. Yes. Explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                |                                      |                   |                                 |          |
|     |                     | 1 Oo. Expidiii.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                |                                      |                   |                                 |          |

| Fill i         | n this informa             | ation to identify yo                  | ur case:        |                                                                            |                           |                                                |                                       |                               |
|----------------|----------------------------|---------------------------------------|-----------------|----------------------------------------------------------------------------|---------------------------|------------------------------------------------|---------------------------------------|-------------------------------|
| Debt           | or 1                       | Mollie Ann N                          | IcNeese         |                                                                            |                           | Check                                          | c if this is:                         |                               |
| Debt           | or ?                       |                                       |                 |                                                                            |                           |                                                | An amended filing                     | ving postpetition chapter     |
|                | use, if filing)            |                                       |                 |                                                                            |                           | _                                              | A supplement snow<br>3 expenses as of | 01 1                          |
| Unite          | ed States Bank             | ruptcy Court for the:                 | MIDDL           | E DISTRICT OF TENNESS                                                      | SEE                       | <u> </u>                                       | MM / DD / YYYY                        |                               |
| Case<br>(If kn | e number<br>lown)          |                                       |                 |                                                                            |                           |                                                |                                       |                               |
|                |                            | orm 106J                              |                 |                                                                            |                           |                                                |                                       |                               |
|                |                            | J: Your I                             |                 |                                                                            |                           |                                                |                                       | 12/1                          |
| info           | rmation. If n              |                                       | eded, atta      | . If two married people ar<br>ch another sheet to this<br>n.               |                           |                                                |                                       |                               |
| Part           |                            | ribe Your House                       | hold            |                                                                            |                           |                                                |                                       |                               |
| 1.             | Is this a join             |                                       |                 |                                                                            |                           |                                                |                                       |                               |
|                | ■ No. Go to                | o line 2.<br>es Debtor 2 live i       | n a separ       | ate household?                                                             |                           |                                                |                                       |                               |
|                | □ N                        | -                                     | st file Offici  | al Form 106J-2, <i>Expenses</i>                                            | s for Separate House      | hold of Debto                                  | or 2.                                 |                               |
| 2.             | Do you hav                 | e dependents?                         | □ No            |                                                                            |                           |                                                |                                       |                               |
|                | Do not list D<br>Debtor 2. | ebtor 1 and                           | Yes.            | Fill out this information for each dependent                               | Dependent's relation      |                                                | Dependent's age                       | Does dependent live with you? |
|                | Do not state               | the                                   |                 |                                                                            |                           |                                                |                                       | □ No                          |
|                | dependents                 | names.                                |                 |                                                                            | Granddaughte              | r                                              | 13                                    | ■ Yes                         |
|                |                            |                                       |                 |                                                                            | Granddaughte              | r                                              | 17                                    | □ No<br>■ Yes                 |
|                |                            |                                       |                 |                                                                            | Oranadagnio               | <u>.                                      </u> | <del></del>                           | ■ res<br>□ No                 |
|                |                            |                                       |                 |                                                                            | Daughter-In-La            | aw                                             | 38                                    | Yes                           |
|                |                            |                                       |                 |                                                                            |                           |                                                |                                       | □ No                          |
| 2              | Do your ox                 | nancas inaluda                        | _               |                                                                            | Mother                    |                                                | 88                                    | Yes                           |
| 3.             | expenses of                | penses include<br>of people other the | nan $_{f \Box}$ | No<br>Yes                                                                  |                           |                                                |                                       |                               |
|                | yourself an                | d your depender                       | nts? □          | 165                                                                        |                           |                                                |                                       |                               |
| Esti<br>expe   | mate your e                | a date after the k                    | our bankr       | ly Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |                           |                                                |                                       |                               |
| Inclu          | ude expense                | es paid for with r                    | non-cash        | government assistance i                                                    | f you know<br>Your Income |                                                |                                       |                               |
|                | icial Form 10              |                                       |                 |                                                                            |                           |                                                | Your expe                             | enses                         |
| 4.             |                            | or home owners                        |                 | ses for your residence. I<br>or lot.                                       | nclude first mortgage     | 4. \$                                          |                                       | 0.00                          |
|                | If not include             | ded in line 4:                        |                 |                                                                            |                           |                                                |                                       |                               |
|                | 4a. Real                   | estate taxes                          |                 |                                                                            |                           | 4a. \$                                         |                                       | 75.00                         |
|                | 4b. Prope                  | erty, homeowner's                     |                 |                                                                            |                           | 4b. \$                                         |                                       | 189.00                        |
|                |                            |                                       |                 | upkeep expenses                                                            |                           | 4c. \$                                         |                                       | 0.00                          |
| _              |                            | eowner's associat                     |                 |                                                                            | ma aquitu la ara          | 4d. \$                                         |                                       | 0.00                          |
| 5.             | Additional                 | mortgage payme                        | ents for yo     | <b>our residence</b> , such as ho                                          | me equity loans           | 5. \$                                          |                                       | 0.00                          |

Official Form 106J

| al-tan 4                                                                                                                  |                                                                                                                                                                                                                            |                                                                                                         |                                                                                                                                                                                       |                                                                                      |                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| ebtor 1                                                                                                                   | Mollie Ann McNe                                                                                                                                                                                                            | eese<br>Middle Name                                                                                     | Last Name                                                                                                                                                                             |                                                                                      |                                                                                                                                               |
| ebtor 2                                                                                                                   | i list ivallie                                                                                                                                                                                                             | Middle Name                                                                                             | Last Name                                                                                                                                                                             |                                                                                      |                                                                                                                                               |
| pouse if, filing)                                                                                                         | First Name                                                                                                                                                                                                                 | Middle Name                                                                                             | Last Name                                                                                                                                                                             | -                                                                                    |                                                                                                                                               |
| nited States Ba                                                                                                           | ankruptcy Court for the:                                                                                                                                                                                                   | MIDDLE DISTRICT OF                                                                                      | TENNESSEE                                                                                                                                                                             |                                                                                      |                                                                                                                                               |
| ase number                                                                                                                |                                                                                                                                                                                                                            |                                                                                                         |                                                                                                                                                                                       |                                                                                      |                                                                                                                                               |
| known)                                                                                                                    |                                                                                                                                                                                                                            |                                                                                                         |                                                                                                                                                                                       |                                                                                      | ☐ Check if this is an amended filing                                                                                                          |
|                                                                                                                           |                                                                                                                                                                                                                            |                                                                                                         | Debtor's Sche                                                                                                                                                                         |                                                                                      | 12/                                                                                                                                           |
| u must file th<br>aining mone                                                                                             | eople are filing togeth                                                                                                                                                                                                    | er, both are equally respo<br>file bankruptcy schedules<br>in connection with a bank                    | nsible for supplying correct is                                                                                                                                                       | nformation.                                                                          | 12/<br>ement, concealing property, or<br>10, or imprisonment for up to 20                                                                     |
| u must file th<br>taining mone<br>ars, or both. 1                                                                         | eople are filing togeth<br>is form whenever you<br>y or property by fraud                                                                                                                                                  | er, both are equally respo<br>file bankruptcy schedules<br>in connection with a bank                    | nsible for supplying correct is                                                                                                                                                       | nformation.                                                                          | ement, concealing property, or                                                                                                                |
| u must file th<br>taining mone<br>ars, or both. 1                                                                         | eople are filing togeth<br>is form whenever you<br>y or property by fraud<br>18 U.S.C. §§ 152, 1341,<br>n Below                                                                                                            | er, both are equally respo<br>file bankruptcy schedules<br>in connection with a bank<br>1519, and 3571. | nsible for supplying correct is                                                                                                                                                       | nformation.<br>ing a false states<br>s up to \$250,00                                | ement, concealing property, or                                                                                                                |
| u must file th<br>taining mone<br>ars, or both. 1                                                                         | eople are filing togeth<br>is form whenever you<br>y or property by fraud<br>18 U.S.C. §§ 152, 1341,<br>n Below                                                                                                            | er, both are equally respo<br>file bankruptcy schedules<br>in connection with a bank<br>1519, and 3571. | nsible for supplying correct is or amended schedules. Mak                                                                                                                             | nformation.<br>ing a false states<br>s up to \$250,00                                | ement, concealing property, or                                                                                                                |
| u must file th taining mone ars, or both. 1  Sig  Did you pa                                                              | eople are filing togeth<br>is form whenever you<br>y or property by fraud<br>18 U.S.C. §§ 152, 1341,<br>n Below                                                                                                            | er, both are equally respo<br>file bankruptcy schedules<br>in connection with a bank<br>1519, and 3571. | nsible for supplying correct is or amended schedules. Makeruptcy case can result in fine                                                                                              | ing a false states up to \$250,00  uptcy forms?                                      | ement, concealing property, or                                                                                                                |
| u must file th taining mone ars, or both. 1  Sig  Did you pa  No  Yes.                                                    | eople are filing togeth is form whenever you y or property by fraud 8 U.S.C. §§ 152, 1341, in Below ay or agree to pay som                                                                                                 | er, both are equally respo<br>file bankruptcy schedules<br>in connection with a bank<br>1519, and 3571. | nsible for supplying correct is or amended schedules. Makeruptcy case can result in fine                                                                                              | uptcy forms?  Attach Ban Declaration                                                 | ement, concealing property, or<br>10, or imprisonment for up to 20<br>kruptcy Petition Preparer's Notice<br>, and Signature (Official Form 11 |
| Did you pa                                                                                                                | eople are filing togeth is form whenever you y or property by fraud 8 U.S.C. §§ 152, 1341, in Below ay or agree to pay som Name of person                                                                                  | er, both are equally respo<br>file bankruptcy schedules<br>in connection with a bank<br>1519, and 3571. | nsible for supplying correct is or amended schedules. Mak<br>kruptcy case can result in fine                                                                                          | uptcy forms?  Attach Ban Declaration                                                 | ement, concealing property, or<br>10, or imprisonment for up to 20<br>kruptcy Petition Preparer's Notice<br>, and Signature (Official Form 11 |
| u must file the taining mone ars, or both. 1  Sig  Did you pa  No  Yes.  Under penathat they are that they are Mollie     | eople are filing togeth is form whenever you y or property by fraud 8 U.S.C. §§ 152, 1341, in Below  ay or agree to pay som  Name of person  alty of perjury, I declare te true and correct.                               | er, both are equally respo<br>file bankruptcy schedules<br>in connection with a bank<br>1519, and 3571. | nsible for supplying correct is or amended schedules. Makeruptcy case can result in fineral transfer to help you fill out bankr                                                       | nformation.  ing a false states up to \$250,00  uptcy forms?  Attach Ban Declaration | ement, concealing property, or<br>10, or imprisonment for up to 20<br>kruptcy Petition Preparer's Notice<br>, and Signature (Official Form 11 |
| u must file the taining mone ars, or both. 1  Sig  Did you pa  No  Yes.  Under penathat they are that they are Signature. | eople are filing togeth is form whenever you y or property by fraud 8 U.S.C. §§ 152, 1341, in Below  Ay or agree to pay som  Name of person  alty of perjury, I declar te true and correct.  Ilie Ann McNeese  Ann McNeese | er, both are equally respo<br>file bankruptcy schedules<br>in connection with a bank<br>1519, and 3571. | nsible for supplying correct is or amended schedules. Makeruptcy case can result in finering to help you fill out bankroney to help you fill out bankroney and schedules filed with X | nformation.  ing a false states up to \$250,00  uptcy forms?  Attach Ban Declaration | ement, concealing property, or<br>10, or imprisonment for up to 20<br>kruptcy Petition Preparer's Notice<br>, and Signature (Official Form 11 |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

| E:II              | in this infav              | nation to identify you                  |                                                                                               |                                                 |                                                                |                                                       |
|-------------------|----------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------|
|                   |                            | nation to identify you                  |                                                                                               |                                                 |                                                                |                                                       |
| De                | btor 1                     | Mollie Ann McNe                         | Middle Name                                                                                   | Last Name                                       |                                                                |                                                       |
|                   | btor 2<br>ouse if, filing) | First Name                              | Middle Name                                                                                   | Last Name                                       |                                                                |                                                       |
| Un                | ited States Ba             | nkruptcy Court for the:                 | MIDDLE DISTRICT OF TI                                                                         | ENNESSEE                                        |                                                                |                                                       |
|                   | se number _                |                                         |                                                                                               |                                                 | -                                                              | heck if this is an<br>mended filing                   |
| St<br>Be          | as complete a              | of Financial                            |                                                                                               | re filing together, both are                    | ankruptcy equally responsible for supp                         |                                                       |
| nun               | nber (if know              | n). Answer every ques                   |                                                                                               |                                                 | , p.g.c., y                                                    |                                                       |
| 1.                | What is you                | r current marital statu                 | s?                                                                                            |                                                 |                                                                |                                                       |
|                   | ☐ Married ■ Not mai        |                                         |                                                                                               |                                                 |                                                                |                                                       |
| 2.                | During the la              | ast 3 years, have you                   | lived anywhere other than v                                                                   | where you live now?                             |                                                                |                                                       |
|                   | ■ No □ Yes. Lis            | st all of the places you l              | ived in the last 3 years. Do no                                                               | ot include where you live now                   | :                                                              |                                                       |
|                   | Debtor 1 Pr                | ior Address:                            | Dates Debtor 1 lived there                                                                    | Debtor 2 Prior Ad                               | dress:                                                         | Dates Debtor 2 lived there                            |
| <b>3.</b><br>stat |                            |                                         |                                                                                               |                                                 | ity property state or territory<br>co, Texas, Washington and W |                                                       |
|                   | ■ No □ Yes. Ma             | ake sure you fill out <i>Sch</i>        | nedule H: Your Codebtors (Of                                                                  | ficial Form 106H).                              |                                                                |                                                       |
| Pa                | rt 2 Explai                | in the Sources of You                   | r Income                                                                                      |                                                 |                                                                |                                                       |
| 4.                | Fill in the tota           | al amount of income yo                  | nployment or from operating<br>u received from all jobs and a<br>have income that you receive | II businesses, including part-                  |                                                                | dar years?                                            |
|                   | □ No<br>■ Yes. Fil         | I in the details.                       |                                                                                               |                                                 |                                                                |                                                       |
|                   |                            |                                         | Debtor 1                                                                                      |                                                 | Debtor 2                                                       |                                                       |
|                   |                            |                                         | Sources of income<br>Check all that apply.                                                    | Gross income (before deductions and exclusions) | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |
|                   |                            | of current year untiled for bankruptcy: | ■ Wages, commissions, bonuses, tips                                                           | Unknown                                         | ☐ Wages, commissions, bonuses, tips                            |                                                       |
|                   |                            |                                         | ☐ Operating a business                                                                        |                                                 | ☐ Operating a business                                         |                                                       |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

**Creditor's Name and Address** 

No.

☐ Yes

Go to line 7.

attorney for this bankruptcy case.

Dates of payment

Total amount paid

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

Amount you still owe Was this payment for ...

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 7.  | Within 1 year before you filed for bankrupto <i>Insiders</i> include your relatives; any general par of which you are an officer, director, person in a business you operate as a sole proprietor. 11 alimony. | rtners; relatives of any gene<br>control, or owner of 20% or | eral partners; partner more of their voting | erships of which you<br>g securities; and an | u are a genera<br>ly managing a | Il partner; corporations<br>gent, including one for |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------|----------------------------------------------|---------------------------------|-----------------------------------------------------|
|     | <ul><li>■ No</li><li>□ Yes. List all payments to an insider.</li></ul>                                                                                                                                         |                                                              |                                             |                                              |                                 |                                                     |
|     | Insider's Name and Address                                                                                                                                                                                     | Dates of payment                                             | Total amount paid                           | Amount you still owe                         | Reason for                      | this payment                                        |
| 3.  | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosi                                                                                                              |                                                              | nents or transfer a                         | ny property on ac                            | count of a de                   | ebt that benefited an                               |
|     | <ul><li>No</li><li>☐ Yes. List all payments to an insider</li></ul>                                                                                                                                            |                                                              |                                             |                                              |                                 |                                                     |
|     | Insider's Name and Address                                                                                                                                                                                     | Dates of payment                                             | Total amount paid                           | Amount you still owe                         | Reason for                      | this payment                                        |
|     |                                                                                                                                                                                                                |                                                              | paiu                                        | Still Owe                                    | include cred                    | itor's name                                         |
| Par | t 4: Identify Legal Actions, Repossession                                                                                                                                                                      | s, and Foreclosures                                          |                                             |                                              |                                 |                                                     |
|     | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.  Case title                                  |                                                              |                                             |                                              |                                 | t or custody                                        |
|     | Case number                                                                                                                                                                                                    |                                                              |                                             |                                              |                                 |                                                     |
| 10. | Within 1 year before you filed for bankrupto<br>Check all that apply and fill in the details below                                                                                                             |                                                              | rty repossessed, fo                         | oreclosed, garnis                            | hed, attached                   | l, seized, or levied?                               |
|     | No. Go to line 11.                                                                                                                                                                                             |                                                              |                                             |                                              |                                 |                                                     |
|     | Yes. Fill in the information below.  Creditor Name and Address                                                                                                                                                 | Decaribe the Branarty                                        |                                             | Data                                         |                                 | Value of the                                        |
|     | Creditor Name and Address                                                                                                                                                                                      | Describe the Property                                        |                                             | Date                                         |                                 | Value of the<br>property                            |
|     |                                                                                                                                                                                                                | Explain what happened                                        |                                             |                                              |                                 |                                                     |
|     | Santander Consumer USA<br>PO Box 660633                                                                                                                                                                        | 2015 Nissan Altima                                           |                                             | 1/9/20                                       | 017                             | \$0.00                                              |
|     | Dallas, TX 75266-0633                                                                                                                                                                                          | ■ Property was reposses                                      | ssed.                                       |                                              |                                 |                                                     |
|     |                                                                                                                                                                                                                | ☐ Property was foreclose ☐ Property was garnishe             |                                             |                                              |                                 |                                                     |
|     |                                                                                                                                                                                                                | ☐ Property was attached                                      | l, seized or levied.                        |                                              |                                 |                                                     |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca  No Yes. Fill in the details.                                                                                            |                                                              | uding a bank or fin                         | ancial institution                           | , set off any a                 | mounts from your                                    |
|     | Creditor Name and Address                                                                                                                                                                                      | Describe the action the                                      | creditor took                               | Date a                                       | action was                      | Amount                                              |
| 2.  | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or ar  ■ No □ Yes                                                                                                          |                                                              | rty in the possessi                         |                                              | e for the bene                  | fit of creditors, a                                 |

Case number (if known)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

Doc 1

Debtor 1 Mollie Ann McNeese

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

Best Case Bankruptcy

page 4

|     | include gifts and transfers that you have alrea  ■ No □ Yes. Fill in the details.                                                                                                      | ady listed on this        | statement                                 |                     |             |                                                                    |                                               |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------|---------------------|-------------|--------------------------------------------------------------------|-----------------------------------------------|
|     | Person Who Received Transfer Address                                                                                                                                                   |                           | otion and v<br>y transferr                |                     | pay         | scribe any property or<br>ments received or debts<br>d in exchange | Date transfer was made                        |
|     | Person's relationship to you                                                                                                                                                           |                           |                                           |                     |             | _                                                                  |                                               |
| 19. | Within 10 years before you filed for bankrubeneficiary? (These are often called asset-p ■ No □ Yes. Fill in the details.                                                               |                           |                                           | y property to a     | a self-seti | tled trust or similar device                                       | of which you are a                            |
|     | Name of trust                                                                                                                                                                          | Descrip                   | tion and v                                | alue of the pro     | perty tra   | insferred                                                          | Date Transfer was made                        |
| Par | t 8: List of Certain Financial Accounts, I                                                                                                                                             | nstruments, Sa            | fe Deposit                                | Boxes, and S        | torage U    | nits                                                               |                                               |
| 20. | Within 1 year before you filed for bankrup sold, moved, or transferred? Include checking, savings, money market houses, pension funds, cooperatives, ass  No Yes. Fill in the details. | or other finance          | cial accour                               | nts; certificate    | s of depo   |                                                                    |                                               |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)                                                                                                   | Last 4 digits account nur |                                           | Type of acco        | ount or     | Date account was closed, sold, moved, or transferred               | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within a cash, or other valuables?                                                                                                                    | year before yo            | ou filed for                              | bankruptcy, a       | iny safe c  | leposit box or other depos                                         | itory for securities,                         |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                       |                           |                                           |                     |             |                                                                    |                                               |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)                                                                                                       | Addres                    |                                           | mber, Street, City, |             | pe the contents                                                    | Do you still have it?                         |
| 22. | Have you stored property in a storage uni                                                                                                                                              | or place other            | than your                                 | home within 1       | l year be   | fore you filed for bankrupt                                        | cy?                                           |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                       |                           |                                           |                     |             |                                                                    |                                               |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)                                                                                                         | to it?<br>Addres          | se has or h<br>S (Number, Si<br>ZIP Code) | treet, City,        | Describ     | pe the contents                                                    | Do you still have it?                         |
| Par | t 9: Identify Property You Hold or Control                                                                                                                                             | ol for Someone            | Else                                      |                     |             |                                                                    |                                               |
| 23. | Do you hold or control any property that s for someone.                                                                                                                                | omeone else o             | wns? Inclu                                | ıde any prope       | rty you b   | orrowed from, are storing                                          | for, or hold in trust                         |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                       |                           |                                           |                     |             |                                                                    |                                               |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                     |                           | is the prop<br>Street, City, S            |                     | Describ     | pe the property                                                    | Value                                         |
|     |                                                                                                                                                                                        |                           |                                           |                     |             |                                                                    |                                               |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Mollie Ann McNeese Case number (if known)

| Par                              | t 10: Give Details About Environmental Informa                                                                                                                                                                                                                                                                                                           | ation                                                                      |                                       |                    |  |  |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------|--------------------|--|--|
| For                              | the purpose of Part 10, the following definitions                                                                                                                                                                                                                                                                                                        | apply:                                                                     |                                       |                    |  |  |
|                                  | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous o toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |                                                                            |                                       |                    |  |  |
|                                  | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or use to own, operate, or utilize it, including disposal sites.                                                                                                                                                      |                                                                            |                                       |                    |  |  |
|                                  |                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                       |                    |  |  |
| Rep                              | ort all notices, releases, and proceedings that yo                                                                                                                                                                                                                                                                                                       | ou know about, regardless of when                                          | they occurred.                        |                    |  |  |
| 24.                              | Has any governmental unit notified you that you                                                                                                                                                                                                                                                                                                          | ı may be liable or potentially liable                                      | under or in violation of an environme | ental law?         |  |  |
| ■ No □ Yes. Fill in the details. |                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                       |                    |  |  |
|                                  | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                       | Governmental unit Address (Number, Street, City, State and ZIP Code)       | Environmental law, if you know it     | Date of notice     |  |  |
| 25.                              | Have you notified any governmental unit of any  ■ No □ Yes. Fill in the details.                                                                                                                                                                                                                                                                         | release of hazardous material?                                             |                                       |                    |  |  |
|                                  | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                                                                                                                                                                       | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it     | Date of notice     |  |  |
| 26.                              | Have you been a party in any judicial or adminis  No Yes. Fill in the details.                                                                                                                                                                                                                                                                           | strative proceeding under any envi                                         | ronmental law? Include settlements a  | nd orders.         |  |  |
|                                  | Case Title Case Number                                                                                                                                                                                                                                                                                                                                   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                    | Status of the case |  |  |
| Par                              | t 11: Give Details About Your Business or Con                                                                                                                                                                                                                                                                                                            | nections to Any Business                                                   |                                       |                    |  |  |
| 27.                              | Within 4 years before you filed for bankruptcy, o  ☐ A sole proprietor or self-employed in a t ☐ A member of a limited liability company ☐ A partner in a partnership                                                                                                                                                                                    | rade, profession, or other activity,                                       | either full-time or part-time         | business?          |  |  |
|                                  | ☐ An officer, director, or managing executive of a corporation                                                                                                                                                                                                                                                                                           |                                                                            |                                       |                    |  |  |

Official Form 107

**Business Name** 

(Number, Street, City, State and ZIP Code)

Address

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Describe the nature of the business

Name of accountant or bookkeeper

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No. None of the above applies. Go to Part 12.

☐ An owner of at least 5% of the voting or equity securities of a corporation

Yes. Check all that apply above and fill in the details below for each business.

**Employer Identification number** 

**Dates business existed** 

Do not include Social Security number or ITIN.

| Deb                   | otor 1                  | Mollie Ann McNeese                                                             |                                                | Case number (if known)                                                                                                |
|-----------------------|-------------------------|--------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
|                       |                         | n 2 years before you filed for bankrup<br>utions, creditors, or other parties. | otcy, did you give a financial statement to    | anyone about your business? Include all financial                                                                     |
|                       | _                       | No<br>Yes. Fill in the details below.                                          |                                                |                                                                                                                       |
|                       | Nam<br>Add<br>(Numl     | -                                                                              | Date Issued                                    |                                                                                                                       |
| Par                   | t 12:                   | Sign Below                                                                     |                                                |                                                                                                                       |
| are t<br>with<br>18 U | rue a<br>a bar<br>.S.C. | nd correct. I understand that making a                                         |                                                | I declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both. |
|                       |                         | nn McNeese<br>e of Debtor 1                                                    | Signature of Debtor 2                          |                                                                                                                       |
| Date                  | e Ja                    | anuary 18, 2017                                                                | Date                                           |                                                                                                                       |
| Did y ■ N □ Y         | 0                       | ttach additional pages to Your Statem                                          | ent of Financial Affairs for Individuals Fill  | ing for Bankruptcy (Official Form 107)?                                                                               |
| Did y<br>■ N          |                         | ay or agree to pay someone who is no                                           | ot an attorney to help you fill out bankrupt   | ccy forms?                                                                                                            |
| □ Y                   | es. Na                  | ame of Person . Attach the Bankr                                               | uptcy Petition Preparer's Notice, Declaration, | , and Signature (Official Form 119).                                                                                  |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

#### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: |    | Liquidation        |  |
|------------|----|--------------------|--|
| \$24       | 5  | filing fee         |  |
| \$75       | 5  | administrative fee |  |
| + \$1      | 5_ | trustee surcharge  |  |
| \$335      | 5  | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

## **United States Bankruptcy Court**Middle District of Tennessee

| In r  | Mollie Ann McNeese                                                                                                                                                                                                                                                          |                                                           | Case No                                    |                       |                    |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------|-----------------------|--------------------|
| 111 1 | monic Ann monecoc                                                                                                                                                                                                                                                           | Debtor(s)                                                 | Chapter                                    | 13                    |                    |
| 1.    | DISCLOSURE OF COMPENS.  Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b),                                                                                                                                                                                          |                                                           |                                            |                       | that               |
| 1.    | compensation paid to me within one year before the filing of<br>be rendered on behalf of the debtor(s) in contemplation of or                                                                                                                                               | f the petition in bankruptcy r in connection with the ban | , or agreed to be painkruptcy case is as f | d to me, for service  |                    |
|       | For legal services, I have agreed to accept                                                                                                                                                                                                                                 |                                                           |                                            | 3,500.00              |                    |
|       | Prior to the filing of this statement I have received                                                                                                                                                                                                                       |                                                           | \$                                         | 100.00                |                    |
|       | Balance Due                                                                                                                                                                                                                                                                 |                                                           | \$                                         | 3,400.00              |                    |
| 2.    | The source of the compensation paid to me was:                                                                                                                                                                                                                              |                                                           |                                            |                       |                    |
|       | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                 |                                                           |                                            |                       |                    |
| 3.    | The source of compensation to be paid to me is:                                                                                                                                                                                                                             |                                                           |                                            |                       |                    |
|       | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                 |                                                           |                                            |                       |                    |
| 4.    | ■ I have not agreed to share the above-disclosed compensation                                                                                                                                                                                                               | ation with any other person                               | unless they are men                        | mbers and associate   | es of my law firm. |
|       | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names                                                                                                                                                          |                                                           |                                            |                       | ny law firm. A     |
| 5.    | In return for the above-disclosed fee, I have agreed to rende                                                                                                                                                                                                               | er legal service for all aspec                            | ts of the bankruptcy                       | case, including:      |                    |
|       | <ul> <li>a. Analysis of the debtor's financial situation, and rendering</li> <li>b. Preparation and filing of any petition, schedules, statemet</li> <li>c. Representation of the debtor at the meeting of creditors at</li> <li>d. [Other provisions as needed]</li> </ul> | ent of affairs and plan which                             | h may be required;                         | -                     | ankruptcy;         |
| 6.    | By agreement with the debtor(s), the above-disclosed fee do                                                                                                                                                                                                                 | es not include the following                              | g service:                                 |                       |                    |
|       |                                                                                                                                                                                                                                                                             | CERTIFICATION                                             |                                            |                       |                    |
|       | I certify that the foregoing is a complete statement of any agoankruptcy proceeding.                                                                                                                                                                                        | greement or arrangement fo                                | r payment to me for                        | representation of the | ne debtor(s) in    |
|       | lanuary 18, 2017                                                                                                                                                                                                                                                            | /s/ Eric Fox                                              |                                            |                       |                    |
| 1     | Date                                                                                                                                                                                                                                                                        | Eric Fox 022087                                           |                                            |                       |                    |
|       |                                                                                                                                                                                                                                                                             | Signature of Attorn <b>Law Office of Eri</b>              |                                            |                       |                    |
|       |                                                                                                                                                                                                                                                                             | 103 Hazel Path C                                          |                                            | Building              |                    |
|       |                                                                                                                                                                                                                                                                             | Suite 6<br>Hendersonville,                                | TN 37075                                   |                       |                    |
|       |                                                                                                                                                                                                                                                                             | 615-264-5695 Fa                                           | ax: 615-264-5655                           |                       |                    |
|       |                                                                                                                                                                                                                                                                             | eric@ericfoxlega                                          | al.com                                     |                       |                    |
|       |                                                                                                                                                                                                                                                                             | Name of law firm                                          |                                            |                       |                    |

# **United States Bankruptcy Court Middle District of Tennessee**

| In re   | Mollie Ann McNeese                   |                                                  | Case No.           |                       |  |  |
|---------|--------------------------------------|--------------------------------------------------|--------------------|-----------------------|--|--|
|         |                                      | Debtor(s)                                        | Chapter            | 13                    |  |  |
|         | WEDII                                | EICATION OF CREDITOR I                           | MATDIV             |                       |  |  |
|         | VERIFICATION OF CREDITOR MATRIX      |                                                  |                    |                       |  |  |
| The abo | ove-named Debtor hereby verifies the | at the attached list of creditors is true and co | orrect to the best | of his/her knowledge. |  |  |
| Date:   | January 18, 2017                     | /s/ Mollie Ann McNeese                           |                    |                       |  |  |
|         |                                      | Mollie Ann McNeese                               |                    |                       |  |  |

Signature of Debtor

MOLLIE ANN MCNEESE 150 HURT ROAD HENDERSONVILLE TN 37075

ERIC FOX LAW OFFICE OF ERIC K. FOX 103 HAZEL PATH COURT, WHITEHALL BUILDING SUITE 6 HENDERSONVILLE, TN 37075

ANESTHESIA MEDICAL GROUP PC PO BOX 637931 CINCINNATI OH 45263

CITY OF HENDERSONVILLE PROPERTY TAX 101 MAPLE DRIVE NORTH HENDERSONVILLE TN 37075

CREDIT FIRST, NA PO BOX 81344 CLEVELAND OH 44188-0344

CREDIT FIRST, NA PO BOX 81410 CLEVELAND OH 44181-0410

KOHL'S PO BOX 3084 MILWAUKEE WI 53201-3120

KOHL'S PAYMENT CENTER P.O.BOX 2983 MILWAUKEE WI 53201-2983

LENDMARK FINANCIAL SERVICES, LLC 2150 GALLATIN PIKE NORTH MADISON TN 37115

MITZY FLEMING 150 HURT ROAD HENDERSONVILLE TN 37075

OLD HICKORY CREDIT UNION 1000 INDUSTRIAL ROAD P.O. BOX 431 OLD HICKORY TN 37138-0431

ONE MAIN FINANCIAL 1599 N. GALLATIN ROAD MADISON TN 37115-2158

QUICK CASH 626 WEST MAIN STREET HENDERSONVILLE TN 37075 SANTANDER CONSUMER USA ATTN: OFFICER PO BOX 560284 DALLAS TX 75356-0284

SUMNER COUNTY TRUSTEE 355 BELVEDERE DRIVE, ROOM 107 GALLATIN TN 37066

SYNCHRONY BANK ATTN: BANKRUPTCY DEPT. PO BOX 965061 ORLANDO FL 32896

SYNCHRONY BANK/DISCOUNT TIRE PO BOX 960061 ORLANDO FL 32896-0061

SYNCHRONY BANK/LOWE'S PO BOX 530914 ATLANTA GA 30353-0914

TAYLOR EVANS 150 HURT ROAD HENDERSONVILLE TN 37075